



IN THE DISTRICT COURT OF THE FOURTEEN JUDICIAL DISTRICT OF THE
STATE OF OKLAHOMA SITTING IN AND FOR TULSA COUNTY

THE STATE OF OKLAHOMA

Plaintiff,

v.

DAVID GEORGE CLARK,

Defendant.

Case No. CF-2010-1906

DISTRICT COURT
FILED

MAR - 7 2016

ORDER DENYING
MOTION FOR JUDICIAL REVIEW


SALLY HOWE SMITH, COURT CLERK
STATE OF OKLA. TULSA COUNTY

Defendant's Motion for Hearing/Judicial Review, filed February 17, 2016, is denied.

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED that the Defendant's

Motion is hereby denied.

SO ORDERED this 3rd day of March, 2016.


WILLIAM D. LaFORTUNE
DISTRICT COURT JUDGE

OKLAHOMA BAR ASSOCIATION

Office of the General Counsel

June 4, 2015

David Clark
640457 W-A-104-U
P.O. Box 220
Hominy, OK 74035

RE: Grievance against Christopher Michael Gault, IC-15-420

Dear Mr. Clark:

We have received your grievance against the above-referenced attorney.

We are not opening a formal investigation at this time. Instead, we are sending Mr. Gault a copy of your letter and requesting that he respond to us as soon as possible, but within at most two weeks, about the matter set out in your letter. It is possible that in this manner, the complaints made in your letter will be addressed and there will be no reason for the General Counsel's office to conduct a formal investigation.

Under the Rules of the Oklahoma Bar Association as promulgated by the Supreme Court of the State of Oklahoma, these matters must remain confidential. We cannot provide legal advice nor can we represent you in any pending litigation. It is therefore essential that you continue to protect your own legal interests. If at any time you have any further information you wish to be considered or investigated regarding your grievance, you are welcome to provide the information to us.

Sincerely,



Steve Sullins
Assistant General Counsel

SLS/lb



Defendant: Mr. Sparks packed my property and my Hot Pot that I paid for did not go in my property. It's on my property sheet that I had at Lawton and Lexington.

Defendant: Mr. Braggs had me locked back up over a PREA issue that they found no fault in me and had me shipped for it.

Defendant: Mrs. Billie does not treat us inmates with respect and she is a sick call nurse at Lexington Correctional Center.

Defendant: Mrs. Gray does not treat us inmates with respect. Defendants Mr. Sparks, ~~Mr. Sparks~~ and Mrs. Gray has problems with certain people with certain cases like child abuse cases. We are people too. We make mistakes I'm talking about ~~us~~ us inmates as a whole not just me.

Tulsa did their part by making me admit to false charges on May 12, 2010.

I should not be discriminated against at all by anybody but I am by people of another race like white people because I'm a indian.

I have a developmental disability and manic-depressive disorder too.

I have sent my important papers to you that I have. I hope it will help.

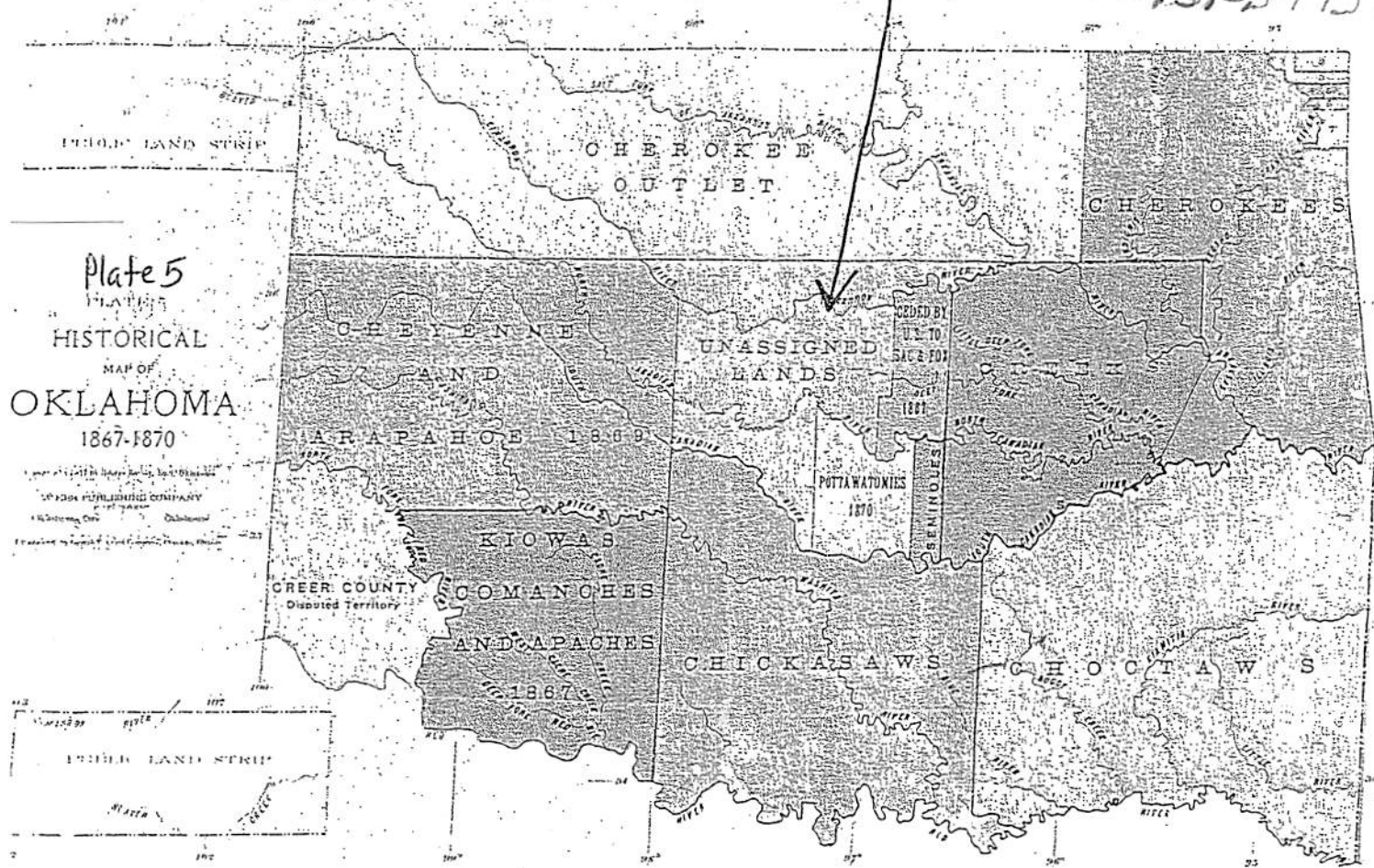
Respectfully,
David Clark

*Evidence
of land*

Federal Government

OKC

*25 U.S.C. §174
and
Reservation
18 U.S.C. §1151*

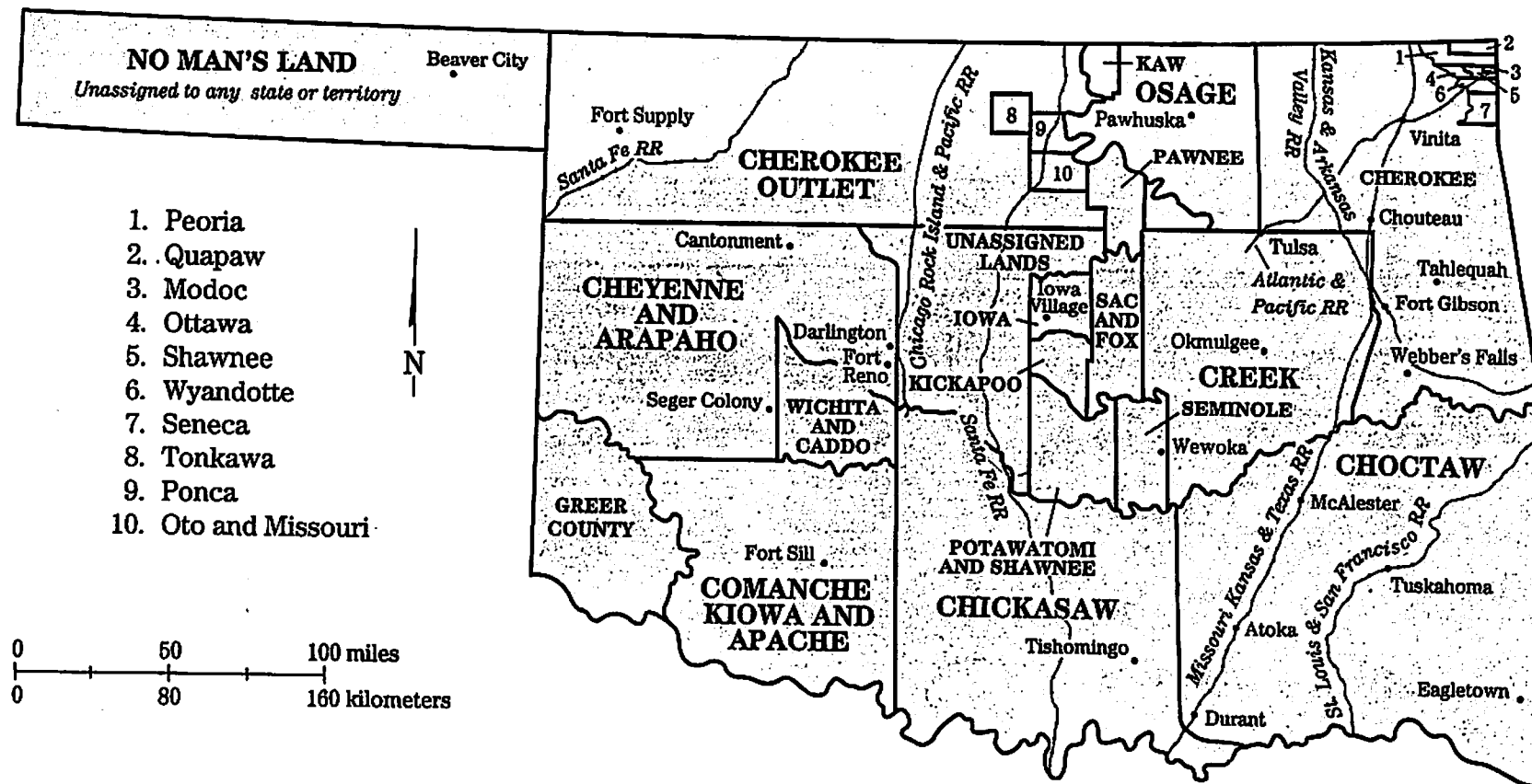


1867-1870

Lands shown in the upper right hand corner were in 1867 assigned as follows: 1 and 3 to the Peorias, Kaskaskias, Piankishaws and Weas; 4 to the Ottawas; 6 to the Wyandots; 2, 5 and 7 respectively to the Quawpaws, Shawnees and Senecas.

By agreement of October 21, 1867 the Apaches were confederated with the Comanches and Kiowas and were to occupy the same reservation.

By executive order of August 10, 1869 the Cheyennes and Arapahoes were granted the lands as shown on this plate in lieu of lands designated by the treaty of Medicine Lodge of October 28, 1867.



Indian Territory, 1886-1889

Nutshell Series

Mental Health Law

in a
nutshell[®]

JOHN E.B. MYERS

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PUBLISHING

①

X. SENTENCING

At sentencing, judges often consider mitigating evidence, including evidence of mental illness or intellectual disability that reduces the defendant's culpability. In *Archer v. State*, 689 N.E.2d 678 (Ind. 1998), for example, the defendant pleaded guilty but mentally ill to attempted murder and other felonies. The trial judge sentenced him to prison for 165 years. On appeal, the Indiana Supreme Court ruled that the sentencing judge did not give sufficient weight to defendant's long history of mental illness. In light of this mitigating evidence, the Supreme Court lowered the sentence to just 125 years.

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restored to competence, yet did not meet the criteria for civil commitment to a hospital)

A mental health evaluation for competence to stand trial consists of interviews with the defendant.

A number of screening tools are available. The Competency Screening Test, for example, is a 22-item sentence completion test that probes the subject's understanding of the legal process. (See *People v. Holt*, 386 Ill. Dec. 776, 21 N.E.3d 695 (2014); *State v. Bostwick*, 296 Mont. 149, 988 P.2d 765 (1999)). The Competency to Stand Trial Assessment Instrument is a semi-structured interview protocol that yields a numeric score. None of the screening tools is perfect. Except for obviously incompetent defendants, there is no substitute for thorough clinical assessment by an experienced mental health professional.

In an effort to restore a defendant to competence to stand trial, may the state medicate the defendant with antipsychotic medications, against the defendant's wishes? In *Sell v. United States*, 539 U.S. 166, 123 S. Ct. 2174 (2003), the Court said yes, "but only if the treatment is medically appropriate, is substantially unlikely to have side effects that may undermine the fairness of the trial, and, taking account of less intrusive alternatives, is necessary significantly to further important governmental trial-related interests." (See *United States v. Loughner*, 672 F.3d 731 (9th Cir. 2012); *State v. Lopes*, 355 Or. 72, 322 P.3d 512 (2014)). The government must prove the need for medication by

on a claim of ineffective assistance, a defendant must show both that counsel's representation fell below an objective standard of reasonableness and that there is a reasonable probability that, but for counsel's unprofessional errors, the result of the proceeding would have been different. . . . To establish that trial counsel's performance was deficient, a defendant must overcome the strong presumption that counsel's action or inaction was the result of sound trial strategy. A reviewing court is highly deferential to trial counsel on matters of trial strategy and must make every effort to consider counsel's performance from his perspective at the time, rather than in hindsight." (*People v. Wood*, 384 Ill. Dec. 157, 16 N.E.3d 253, 265 (Ct. App. 2014)).

A defense attorney who fails to adequately investigate the utility of a psychiatric defense may fall below the *Strickland* line. For example, it can be ineffective assistance of counsel to fail to consult experts regarding a defendant's mental functioning, or to secure the defendant's medical records, 891 (2014). In *People v. Graham*, 129 A.D.3d 860, 11 N.Y.3d 242 (2015), defendant stabbed his former girlfriend nineteen times, killing her. A jury convicted him of murder. The Appellate Division ruled that defense counsel's failure to obtain psychiatric information deprived the defendant of meaningful representation. The court wrote:

Here, the People's case hinged almost entirely on their ability to prove the defendant's state of mind, and trial counsel undisputedly failed to

U. EFFECTIVE ASSISTANCE OF COUNSEL AND MENTAL ILLNESS DEFENSES

A defendant has a constitutional right to effective representation. (*Strickland v. Washington*, 466 U.S. 668, 104 S. Ct. 2052 (1984)). The Illinois Appellate Court described the *Strickland* standard: "To prevail

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take the minimal steps of obtaining the defendant's psychiatric records and having him evaluated by an expert, which were necessary to make an informed decision as to whether or not to present a psychiatric defense. Under the circumstances of this case, the People's argument that, even with the benefit of the evidence trial counsel should have obtained, there is no reasonable chance that a mental disease or defect or [extreme emotional disturbance] defense would have been successful, or that the outcome of the trial would otherwise have been different, misconstrues the central issue in this case. The issue is not whether trial counsel's choice to have certain documents excluded from the record constitutes a legitimate trial strategy, but whether the failure to secure and review crucial documents, that would have undeniably provided valuable information to assist counsel in developing a strategy during the pretrial investigation phase of a criminal case, constitutes meaningful representation as a matter of law.

In many cases, defense counsel has good reasons for not putting on a defense of insanity. In *Torres v. State*, 771 S.E.2d 894 (Ga. 2015), for example, defense counsel considered offering the defense. Counsel took the appropriate steps to evaluate the viability of the defense, and discussed the issue with the defendant. Deciding against the defense was not ineffective assistance of counsel. The Georgia Supreme Court wrote, "A strategic choice which is made after thoughtful consideration will generally

not support a claim of ineffective assistance of counsel." (771 S.E.2d at 898). (See *People v. Baker*, 390 Ill. Dec. 183, 28 N.E.3d 836 (2015)).

Most allegations of ineffective assistance of counsel in the context of mental illness defenses fail. (See *State v. Burton*, 349 Wis. 2d 1, 832 N.W.2d 611 (2013)).

Law Firm of Shein & Brandenburg



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District of Nebraska
Northern District of Oklahoma
Eastern District of Tennessee
Western District of Tennessee
Eastern District of Texas
Northern District of Texas
Southern District of Texas
Western District of Texas
Pro Hac Vice Other Districts

August 31, 2017

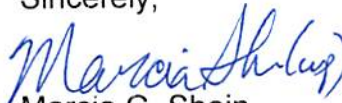
David Clark, #640457
Lawton Corr. Facility
8607 SE Flowermound Road
Lawton, OK 73501

Dear Mr. Clark,

Thank you for contacting our firm. Our practice, however, is limited to the State of Georgia and National Federal criminal defense work. Unfortunately, we are unable to assist you with your recent request.

We wish you well in your continued endeavors.

Sincerely,


Marcia G. Shein
Attorney at Law

Enclosure

Must Be Submitted Through the Law Library or Designee
Inmate/Offender Grievance Process

RECEIVED

JAN 28 2019

TO: Chief Shay

REQUEST TO STAFF

FACILITY/DIST/UNIT: LCC DATE: _____LCC/LARC
Law Library

(NAME AND TITLE OF STAFF MEMBER)

I have _____ have not X already submitted a "Request to Staff" or grievance on this same issue.
If yes, what date: _____ facility: _____ grievance #: _____
I affirm that I do _____ do not X have a grievance pending on this issue.
I affirm that I do _____ do not X have a lawsuit of any type pending that relates in any way to this issue.
If a lawsuit is pending, indicate case number and court: _____
This request _____ does X does not relate to a pending misconduct report. If it does, this request may only be answered by the disciplinary coordinator assigned to the misconduct.

SUBJECT: State completely, but briefly, the problem on which you desire assistance. This statement must be specific as to the complaint, dates, places, personnel involved, and how you were affected. One issue or incident per "Request to Staff." Your failure to specifically state your problem may result in this being returned unanswered.

I'm missing some of my property that I have bought off of canteen see attach pages.

(USE OTHER SIDE IF MORE SPACE IS NEEDED. DO NOT ATTACH ADDITIONAL PAGES.)

ACTION REQUESTED: State exactly how you believe your request may be handled; that is, what exactly should be done and how.

I want the items found or be reimburse for all items.

NAME: David Clark
(PRINT)DOC NUMBER: 64045 UNIT & CELL NUMBER: 4E2B SHU 109SIGNATURE: David Clark WORK ASSIGNMENT: N/A

DO NOT WRITE BELOW THIS LINE

DISPOSITION:

WHY SHOULD I RE-ISSUE YOU PROPERTY AND CANTEEN? HOW AND WHY DID IT GET LOST I HAVE NOT PACKED PROPERTY IN YEARS, I TOOK NO

Guarant Spw

2-1-19

STAFF MEMBER

DATE

Entered / Answered

FEB 01 2019

Date response sent to inmate: _____

1. Original to file
2. Copy to inmate/offender

DOC 090124D (R 9/16)

LCC/LARC
Law Library

PART IN ANY OF YOUR PROCESS, IF IT WAS MY STAFF THEN RESOLVE ISSUE W/ THEM FIRST, NEXT CASE MANAGEMENT / UNIT STAFF. WHAT WAS (IF ANY) THE SITUATION SURROUNDING THIS.

OKLAHOMA DEPARTMENT OF CORRECTIONS
INMATE PROPERTY INVENTORY FORM

17-3-18 (6)

Date 6/10/457

Inmate's DOC Number _____

Reason for Inventory _____

Reception _____ From _____ Release _____ Type _____

Transfer _____ To _____ Extended Absence _____ To _____

Escape _____ Segregation _____ Number of Boxes _____

Unauthorized/Excess Property To Be Mailed or Released To:

Name _____

City/State _____

Description of Unauthorized/Excess Property: _____

Steel _____ Zip _____ Phone _____

Allowable Robious Objects/Symbols (as specified in OP-030112): _____

QUANTITY	CONDITION	MAKE	MODEL	COLOR	SERIAL NUMBER
Clock (1)					
Curling Iron, etc. (1)					
Electric Razor or Beard Trimmer (1)					
Fan (1)					
Hair Dryer (1)					
Hot Pot (1)					
MP3 Player (1)					
Radio or Clock Radio (1)					
Reading Light (1)					
Television (1)					
Witch (1)					

OTHER PROPERTY (LIST QUANTITY OF EACH)

<input type="checkbox"/> Air Mattress (1) or Mattress w/ integrated pillow (1) <input type="checkbox"/> Arts/Crafts/Paper <input type="checkbox"/> Athletic Shoes (1) <input type="checkbox"/> Athletic Supporters (1-2) <input type="checkbox"/> Barrettes** (5) <input type="checkbox"/> Baseball/Softball Cap (1-2) <input type="checkbox"/> Bath Towels (3) <input type="checkbox"/> Bathrobe* (1) <input type="checkbox"/> Bed with Lid (1) <input type="checkbox"/> Bras** (7) <input type="checkbox"/> Briefs/Boxer Shorts*** (7) <input type="checkbox"/> Brush/Comb/Pick (1-2) <input type="checkbox"/> Can Opener (1) <input type="checkbox"/> Coat (1) or (3)*** <input type="checkbox"/> Combination Padlocks (2) <input type="checkbox"/> Coffee Cup (1) <input type="checkbox"/> Disposable Razor (1-5) <input type="checkbox"/> Earplugs** (2) <input type="checkbox"/> Electrical Power Bar (1) <input type="checkbox"/> Electronic Game (1) <input type="checkbox"/> Empty Boards** (2) <input type="checkbox"/> Eyeglasses (1) <input type="checkbox"/> Footwear (1) (if no athletic shoes) <input type="checkbox"/> Gymnastics Shorts (1-2) <input type="checkbox"/> Hair Bands (5) <input type="checkbox"/> Hair Clip** (1) <input type="checkbox"/> Hair Rollers** (20) <input type="checkbox"/> Headacts (2) <input type="checkbox"/> Ice Bucket	<input type="checkbox"/> Insulated Underwear Bottom (2) <input type="checkbox"/> Insulated Underwear Top (2) <input type="checkbox"/> Laundry Bag (1) <input type="checkbox"/> Legal Material (1 cubic foot) <input type="checkbox"/> Linens (1 set) <input type="checkbox"/> Makeup Bag** (1) <input type="checkbox"/> Medicine (KOP) Le., Nitroglycerin, Inhaler <input type="checkbox"/> Necktie (1) <input type="checkbox"/> Neckline Patches (1 Series) <input type="checkbox"/> Inmate ID (1) <input type="checkbox"/> Patches** (7) <input type="checkbox"/> Personal hygiene items/cosmetics (base, lipstick, mascara) <input type="checkbox"/> Personal Jeans (5) <input type="checkbox"/> Personal Shirts (5) <input type="checkbox"/> Photo Album (1) <input type="checkbox"/> Picture Frame (8"x10") (1) <input type="checkbox"/> Pillow (1) <input type="checkbox"/> Plastic Coffee Cup (1) <input type="checkbox"/> Plastic Drinking Cup (1) <input type="checkbox"/> Playing Cards (1 Set) <input type="checkbox"/> Postage Stamps (20) <input type="checkbox"/> Ring (1 plain wedding band—no stones) <input type="checkbox"/> Sewing Kit (1) <input type="checkbox"/> Shower Shoes or Rubber/Plastic Clogs (1) <input type="checkbox"/> Socks** (2) <input type="checkbox"/> Slip** (1) <input type="checkbox"/> Soap Dish (1) <input type="checkbox"/> Socks (7)	<input type="checkbox"/> Spoon (1) <input type="checkbox"/> State Issue Scrub Pants (3-4) <input type="checkbox"/> State Issue Scrub Shirt (3-4) <input type="checkbox"/> Sweat Pants (2/10) <input type="checkbox"/> Sweat Shirt (2) <input type="checkbox"/> T-Shirt, Commemorative (1) <input type="checkbox"/> T-Shirt, State Issue (1) <input type="checkbox"/> T-Shirt, (5-7) Maximum of 7 T-shirts allowed <input type="checkbox"/> Toothbrush Cap (1) <input type="checkbox"/> Tweezers** (1) <input type="checkbox"/> Wallet (1) (community connections only) <input type="checkbox"/> Washcloths (3)
--	---	---

ADDITIONAL PROPERTY:

*Females and special needs/geriatric only **Females only ***Males Only ****Males Only

I understand that unauthorized property listed above must be mailed at my own expense within 30 days from today or that property must be picked up by the person I have indicated within 30 days. If the authorized person does not pick it up, I understand that the property will be donated or destroyed by the Oklahoma Department of Corrections.

I acknowledge that I am responsible for all personal property recorded on my property form to include additions and deletions as well as property issued by the state and that the facility will only accept responsibility for items inventoried and secured by facility staff.

I further understand that this property form, including any additions, is considered to be the complete accounting of the personal property in my possession. All other items will be considered contraband and disposed of in accordance with current procedures, OP-040109 entitled "Control of Contraband and Physical Evidence." I am subject to disciplinary action for possession of contraband.

Inmates who are transferred from one prison to another assume the risk of alleged damage to property the inmate packs and/or carries to a transportation vehicle. The department assumes no liability for the failure of any inmate's property packed by or placed in a transportation vehicle by any person other than facility staff.

• REALIZE THAT I DRUG ANY (AUTHORIZED) PERSONAL PROPERTY INTO THE FACILITY AT MY OWN RISK.

Transfer: The undersigned states this inventory includes all personal effects and property, including legal materials, and that habeas has not left any authorized personal property at Facility _____, and that all personal effects and property are undamaged and electrical appliances are in working order.

Inmate Signature _____ Date _____

Inventory Officer _____ Date _____

Witness _____ Date _____

Receipt: The undersigned states that the duffel bag and all cardboard boxes were received undamaged and that the security seal was unbroken.

Inmate Signature _____ Date _____

Inventory Officer _____ Date _____

Witness _____ Date _____

OKLAHOMA DEPARTMENT OF CORRECTIONS
INMATE PROPERTY INVENTORY FORM

Duffel Bag Security Seal Number _____

Date 12-3-18

Inmate's DOC Number 12345678

Reason for Inventory Transfer

From To

Release Extended Absence

Segregation To

Type To

Number of Boxes 1

Name John Doe

City/State Oklahoma Street 12345 Zip 73101 Phone 555-1234

Description of Unauthorized/Excess Property: _____

Allowable Religious Objects/Symbols (as specified in CP-030112): _____

QUANTITY	CONDITION	MAKE	MODEL	COLOR	SERIAL NUMBER
Clock (1)					
Cooking Iron, etc. (1)					
Electric Razor or Beard Trimmer (1)					
Fan (1)					
Hair Dryer (1)					
Hot Pot (1)					
MP3 Player (1)					
Radio or Clock Radio (1)					
Reading Light (1)					
Television (1)					
Watch (1)					

OTHER PROPERTY (LIST QUANTITY OF EACH)

<input type="checkbox"/> Air Mattress (1) or Mattress w/ integrated pillow (1)	<input type="checkbox"/> Insulated Underwear Bottom (2)	<input type="checkbox"/> Spoon (1)
<input type="checkbox"/> Arts/Crafts/Paper	<input type="checkbox"/> Insulated Underwear Top (2)	<input type="checkbox"/> State Issue Scrub Pants (3-4)
<input type="checkbox"/> Athletic Shoes (1)	<input type="checkbox"/> Laundry Bag (1)	<input type="checkbox"/> State Issue Scrub Shirt (3-4)
<input type="checkbox"/> Athletic Supporters (1-2)	<input type="checkbox"/> Legal Material (1 cubic foot)	<input type="checkbox"/> Sweat Pants (2)
<input type="checkbox"/> Batteries (5)	<input type="checkbox"/> Linens (1 set)	<input type="checkbox"/> Sweat Shirt (2)
<input type="checkbox"/> Baseball/Stocking Cap (1-2)	<input type="checkbox"/> Makeup Bag (1)	<input type="checkbox"/> T-Shirt, Commemorative (1)
<input type="checkbox"/> Bath Towels (3)	<input type="checkbox"/> Medicine (KOP) i.e., Nitroglycerin, Inhaler	<input type="checkbox"/> T-Shirt, State Issue (1)
<input type="checkbox"/> Bathrobe (1)	<input type="checkbox"/> Necktie (1)	<input type="checkbox"/> T-Shirt (5-7) Maximum of 7 T-shirts allowed
<input type="checkbox"/> Bowl with Lid (1)	<input type="checkbox"/> Nicotine Patches (1 Series)	<input type="checkbox"/> Toothbrush Cap (1)
<input type="checkbox"/> Bras (7)	<input type="checkbox"/> Inmate ID (1)	<input type="checkbox"/> Towel (1)
<input type="checkbox"/> Briefs/Boxer Shorts (7)	<input type="checkbox"/> Panties (7)	<input type="checkbox"/> Wallet (1) (community corrections only)
<input type="checkbox"/> Brush/Comb/Pick (1-2)	<input type="checkbox"/> Personal hygiene items/cosmetics (toothbrush, lipstick, mascara)	<input type="checkbox"/> Washcloths (3)
<input type="checkbox"/> Can Opener (1)	<input type="checkbox"/> Personal Jeans (5)	ADDITIONAL PROPERTY:
<input type="checkbox"/> Coat (1) or (3)	<input type="checkbox"/> Personal Shirts (5)	
<input type="checkbox"/> Combination Padlocks (2)	<input type="checkbox"/> Photo Album (1)	
<input type="checkbox"/> Denture Cup (1)	<input type="checkbox"/> Picture Frame (8"x10") (1)	
<input type="checkbox"/> Disposable Razor (1-5)	<input type="checkbox"/> Pillow (1)	
<input type="checkbox"/> Earrings (2)	<input type="checkbox"/> Plastic Coffee Cup (1)	
<input type="checkbox"/> Electrical Power Bar (1)	<input type="checkbox"/> Plastic Drinking Cup (1)	
<input type="checkbox"/> Electronic Game (1)	<input type="checkbox"/> Playing Cards (1 Set)	
<input type="checkbox"/> Emery Boards (2)	<input type="checkbox"/> Postage Stamps (20)	
<input type="checkbox"/> Fingernail Clippers (1)	<input type="checkbox"/> Ring (1 plain wedding band—no stones)	
<input type="checkbox"/> Footwear (1) (if no athletic shoes)	<input type="checkbox"/> Sewing Kit (1)	
<input type="checkbox"/> Gym/Walking Shorts (1-2)	<input type="checkbox"/> Shower Shoes or Rubber/Plastic Clogs (1)	
<input type="checkbox"/> Hair Bands (5)	<input type="checkbox"/> Sleepwear (2)	
<input type="checkbox"/> Hair Clip (1)	<input type="checkbox"/> Socks (7)	
<input type="checkbox"/> Hair Rollers (20)		
<input type="checkbox"/> Handcuffs (2)		
<input type="checkbox"/> Ice Bucket		

*Females and special needs/gariatric only.

**Females only

***Males Only

****HMH Only

I understand that unauthorized property listed above must be mailed at my own expense within 30 days from today or that property must be picked up by the person I have indicated within 30 days. If that authorized person does not pick it up, I understand that the property will be donated or destroyed by the Oklahoma Department of Corrections.

I acknowledge that I am responsible for all personal property recorded on my property form to include additions and deletions as well as property issued by the state and that this facility will only accept responsibility for items inventoried and secured by facility staff.

I further understand that the property form, including any additions, is considered to be the complete accounting of the personal property in my possession. All other items will be considered contraband and disposed of in accordance with current procedures, CP-049109 entitled "Control of Contraband and Physical Evidence." I am subject to disciplinary action for possession of contraband.

Inmates who are transferred from one prison to another assume the risk of alleged damage to property the inmate packs and/or carries to a transportation vehicle. The department assumes no liability for the welfare of any inmate's property packed by or placed in a transportation vehicle by any person other than facility staff.

I REALIZE THAT I BRING ANY (AUTHORIZED) PERSONAL PROPERTY INTO THE FACILITY AT MY OWN RISK.

Transfer: The undersigned states this inventory includes all personal effects and property, including legal materials, and that inmate has not left any authorized personal property at (Facility) _____, and that all personal effects and property are undamaged and electrical appliances are in working order.

Inmate Signature _____ Date _____

Inventory Officer _____ Date 12-3-18

Witness _____ Date _____

Receipt: The undersigned states that the duffel bag and all cardboard boxes were received undamaged and that the security seal was unbroken.

Inmate Signature _____ Date _____

Inventory Officer _____ Date 12-3-18

Witness _____ Date _____

DISTRIBUTION: White — Property Officer's File Yellow — Field File Pink — Inmate Gold — Property Box

DOC 030120A (R 4/16)

OKLAHOMA DEPARTMENT OF CORRECTIONS
INMATE PROPERTY INVENTORY FORM

Duffel Bag Security Seal Number _____

8-9-18
Date 6/12/18

Clark David
Print Inmate's Name (Last) (First) (Middle Initial)

Inmate's DOC Number _____

Reason for Inventory _____

Reception _____ From _____ Release _____ Type _____
Transfer _____ To _____ Extended Absence _____ To _____
Escape _____ Segregation _____ Number of Boxes _____

Unauthorized/Excess Property To Be Mailed or Released To:
Name _____ Street _____
City/State _____ Zip _____ Phone _____
Description of Unauthorized/Excess Property: _____

Allowable Religious Objects/Symbols (as specified in OP-030112): _____

QUANTITY	CONDITION	MAKE	MODEL	COLOR	SERIAL NUMBER
Shock (1)					
Surfing Iron, etc. (1)					
Electric Razor or Beard Trimmer (1)					
Shaver (1)					
Hair Dryer (1)					
Hot Pot (1)					
MP3 Player (1)					
Radio or Clock Radio (1)					
Reading Light (1)					
Television (1)					
Watch (1)					

OTHER PROPERTY (LIST QUANTITY OF EACH)

<input type="checkbox"/> Air Mattress (1) or Mattress w/integrated pillow (1) <input type="checkbox"/> Arts/Crafts/Paper <input type="checkbox"/> Athletic Shoes (1) <input type="checkbox"/> Athletic Supporters (1-2) <input type="checkbox"/> Barrettes** (5) <input type="checkbox"/> Baseball/Stocking Cap (1-2) <input type="checkbox"/> Bath Towels (3) <input type="checkbox"/> Bathrobe* (1) <input type="checkbox"/> Bowl with Lid (1) <input type="checkbox"/> Bras** (7) <input type="checkbox"/> Briefs/Boxer Shorts*** (7) <input type="checkbox"/> Brush/Comb/Pick (1-2) <input type="checkbox"/> Can Opener (1) <input type="checkbox"/> Coat (1) or (3)*** <input type="checkbox"/> Combination Padlocks (2) <input type="checkbox"/> Denture Cup (1) <input type="checkbox"/> Disposable Razor (1-5) <input type="checkbox"/> Earrings** (2) <input type="checkbox"/> Electrical Power Bar (1) <input type="checkbox"/> Electronic Games (1) <input type="checkbox"/> Emery Board** (2) <input type="checkbox"/> Fingernail Clippers (1) <input type="checkbox"/> Footwear (1) [if no athletic shoes] <input type="checkbox"/> Gym/Walking Shorts (1-2) <input type="checkbox"/> Hair Bands (5) <input type="checkbox"/> Hair Clip** (1) <input type="checkbox"/> Hair Rollers** (20) <input type="checkbox"/> Headsets (2) <input type="checkbox"/> Ice Bucket	<input type="checkbox"/> Installed Underwear Bottom (2) <input type="checkbox"/> Installed Underwear Top (2) <input type="checkbox"/> Laundry Bag (1) <input type="checkbox"/> Legal Materials (1 cubic foot) <input type="checkbox"/> Linens (1 set) <input type="checkbox"/> Makeup Bag** (1) <input type="checkbox"/> Medicine (KOP) i.e., Nitroglycerin, Inhaler <input type="checkbox"/> Neckties (1) <input type="checkbox"/> Nicotine Patches (1 Series) <input type="checkbox"/> Inmate ID (1) <input type="checkbox"/> Panties** (7) <input type="checkbox"/> Personal Hygiene Items/Cosmetics (base, lipstick, mascara) <input type="checkbox"/> Personal Jeans (5) <input type="checkbox"/> Personal Shirts (5) <input type="checkbox"/> Photo Album (1) <input type="checkbox"/> Picture Frame (8"x10") (1) <input type="checkbox"/> Pillow (1) <input type="checkbox"/> Plastic Coffee Cup (1) <input type="checkbox"/> Plastic Drinking Cup (1) <input type="checkbox"/> Playing Cards (1 Set) <input type="checkbox"/> Postage Stamps (20) <input type="checkbox"/> Ring (1 plain wedding band—no stones) <input type="checkbox"/> Sewing Kit (1) <input type="checkbox"/> Shower Shoes or Rubber/Plastic Clogs (1/2) <input type="checkbox"/> Sleepwear** (2) <input type="checkbox"/> Slippers (1) <input type="checkbox"/> Soap Dish (1) <input type="checkbox"/> Socks (7)	<input type="checkbox"/> Spoon (1) <input type="checkbox"/> State Issue Scrub Pants (3-4) <input type="checkbox"/> State Issue Scrub Shirt (3-4) <input type="checkbox"/> Sweat Pants (2) <input type="checkbox"/> Sweat Shirt (2) <input type="checkbox"/> T-Shirt, Commemorative (1) <input type="checkbox"/> T-Shirt, State Issue (1) <input type="checkbox"/> T-Shirt (5-7) Maximum of 7 T-shirts allowed <input type="checkbox"/> Toothbrush Cap (1) <input type="checkbox"/> Towels*** (1) <input type="checkbox"/> Waist (1) (community corrections only) <input type="checkbox"/> Washcloths (3)
---	--	---

ADDITIONAL PROPERTY: _____

*Females and special needs/diabetic only

**Females only

***Males Only

****HWH Only

I understand that unauthorized property listed above must be mailed at my own expense within 30 days from today or that property must be picked up by the person I have indicated within 30 days. If the authorized person does not pick it up, I understand that the property will be donated or destroyed by the Oklahoma Department of Corrections.

I acknowledge that I am responsible for all personal property recorded on my property form to include additions and deletions as well as property issued by the state and that the facility will only accept responsibility for items inventoried and secured by facility staff.

I further understand that the property form, including any additions, is considered to be the complete accounting of the personal property in my possession. All other items will be considered contraband and disposed of in accordance with current procedures, OP-040108 entitled "Control of Contraband and Physical Evidence." I am subject to disciplinary action for possession of contraband.

Inmates who are transferred from one prison to another assume the risk of alleged damage to property the inmate packs and/or carries to a transportation vehicle. The department assumes no liability for the welfare of any inmate's property packed by or placed in a transportation vehicle by any person other than facility staff.

I REALIZE THAT I BRING ANY (AUTHORIZED) PERSONAL PROPERTY INTO THE FACILITY, AT MY OWN RISK.

Transfer: The undersigned states this inventory includes all personal effects and property, including legal materials, and that he/she has not left any authorized personal property at (Facility) _____, and that all personal effects and property are undamaged and electrical appliances are in working order.

Inmate Signature _____ Date _____

Witness _____ Date _____

Receipt: The undersigned states that the duffel bag and all cardboard boxes were received undamaged and that the security seal was unbroken.

Inmate Signature _____ Date _____

Witness _____ Date _____

Inventory Officer _____ Date _____

Inventory Officer _____ Date _____

CORRECTIONAL INSTITUTION

White — Property Officer's File

Yellow — Field File

Pink — Inmate

Gold — Property Box

DOC 030120A (R 4/18)

OKLAHOMA DEPARTMENT OF CORRECTIONS
OFFENDER PROPERTY INVENTORY FORM

1775-17
Date: 11/19/17
Offender's DOC Number: LCF
Facility: CLOVE
Bulfil Bag Security Seal Number: 1775172

Reason for Inventory: Reception
Transfer: Y
Escapes: Y
From: LCF
To: LCF
Release: Extended Absence
Segregation: Y
Type: To
Number of Boxes: 1

Unauthorized/Excess Property To Be Mailed or Released To:
Name: _____
City/State: _____
Street: _____
Zip: _____
Phone: _____

Description of Unauthorized/Excess Property: _____

Allowable Religious Objects/Symbols (as specified in OP-030112): _____

QUANTITY	CONDITION	MAKE	MODEL	COLOR	SERIAL NUMBER
Clock (1)					
Curling Iron, etc** (1)					
Electric Razor or Beard Trimmer (1)					
Fan (1)					
Hair Dryer (1)					
Hot Pot (1)					
MPS PLAYER (1)					
Radio or Clock Radio (1)					
Reading Light (1)					
Television (1)					
Watch (1)					

11/19/17
11/19/17

OTHER PROPERTY (LIST QUANTITY OF EACH)

☐ Air Mattress (1) or mattress with integrated pillow (1)
☐ Anti-Craze Paper
☐ Athletic Shoes (1)
☐ Athletic Supporters (1-2)
☐ Barrettes** (5)
☐ Baseball/Softball Cap (1-2)
☐ Bath Towels (3)
☐ Bathrobe* (1)
☐ Bowl with lid (1)
☐ Baggies* (7)
☐ Briefcase/Shorts*** (7)
☐ Brush/Comb/Pick (1-2)
☐ Can Opener (1)
☐ Coat (1) or (3)***
☐ Combination Padlocks (2)
☐ Denture Cup (1)
☐ Disposable Razor (1-5)
☐ Earrings** (2)
☐ Electrical Power Bar (1)
☐ Electronic Game (1)
☐ Emery Boards** (2)
☐ Fingernail Clippers (1)
☐ Footwear (1) [if no athletic shoes]

☐ Gym/Walking Shorts (1-2)
☐ Hair Bands (5)
☐ Hair Clip** (1)
☐ Hair Rollers** (20)
☐ Headsets (2)
☐ Ice Bucket
☐ Insulated Underwear (0-2)
☐ Laundry Bag (1)
☐ Legal Material (1 cubic foot)
☐ Linens (1 set)
☐ Makeup Bag** (1)
☐ Medicine (NCP) Ls, Nitroglycerin, Inhaler
☐ Neckties** (1)
☐ Nicotine Patches (1 Series)
☐ Offender ID (1)
☐ Panties** (7)
☐ Personal Hygiene Items/cosmetics (toothbrush, lipstick, mascara)
☐ Personal Jeans (5)
☐ Personal Shorts (5)
☐ Insulated Underwear (2 sets)
☐ Photo Album (1)
☐ Picture Frame (8"x10") (1)
☐ Pillow (1)

☐ Plastic Coffee Cup (1)
☐ Plastic Drinking Cup (1)
☐ Playing Cards (1 Set)
☐ Postage Stamps (20)
☐ Ring (1 plain wedding band - no stones)
☐ Suspenders (1)
☐ Shower Shoes or Rubber Plastic Clogs (1)
☐ Sleepwear** (2)
☐ Soap** (1)
☐ Soap Dish (1)
☐ Socks (7)
☐ Spoon (1)
☐ State Blue Scented Candle (3-4)
☐ State Issue Scrub Shirt (3-4)
☐ Suspenders (1-2)
☐ T-Shirt, Commemorative (1)
☐ T-Shirt, State Issue (1)
☐ T-Shirt, (5-7) Notes: Maximum of 7 T-shirts allowed
☐ Toothbrush Cap (1)
☐ Tweezers** (1)
☐ Wallet (1) (community corrections only)
☐ Washcloths (3)

*Females and special needs/generic only

**Females only

***Males Only

****MWH only

I understand that unauthorized property listed above must be mailed at my own expense within 30 days from today or that property must be picked up by the person I have indicated within 30 days. If the authorized person does not pick it up, I understand that the property will be donated or destroyed by the Oklahoma Department of Corrections.

I acknowledge that I am responsible for all personal property recorded on my property form to include additions and deletions as well as property issued by the state and that the facility will only accept responsibility for items inventoried and secured by facility staff.

I further understand that the property form, including any additions, is considered to be the complete accounting of the personal property in my possession. All other items will be considered contraband and disposed of in accordance with current procedures, OP-040109 entitled "Control of Contraband and Physical Evidence." I am subject to disciplinary action for possession of contraband.

Offenders who are transferred from one prison to another assume the risk of alleged damage to property the offender packs and/or carries to a transportation vehicle. The department assumes no liability for the welfare of any offender's property packed by or placed in a transportation vehicle by any person other than facility staff.

I REALIZE THAT I BRING ANY (AUTHORIZED) PERSONAL PROPERTY INTO THE FACILITY AT MY OWN RISK.

Transfer: The undersigned states this inventory includes all personal effects and property, including legal materials, and that he/she has not left any authorized personal property at facility. LCF and that all personal effects and property are undamaged and electrical appliances are in working order.

Offender Signature: _____ Date: 11/19/17

Inventory Officer: _____ Date: 11/19/17

Witness: _____ Date: _____

Receipt: The undersigned states that the bulfil bag and all cardboard boxes were received undamaged and that the security seal was unbroken.

Offender Signature: _____ Date: _____

Inventory Officer: _____ Date: _____

Witness: _____ Date: _____

DISTRIBUTION: White - Property Officer's File Yellow - Field File Pink - Offender Gold - Property Box

DOC 030120A (R 5/15)

---Sales Invoice---

Lexington Facility
LARC CANTEEN
DOC No. 0640457
CLARK, DAVID G
11/7/2018 4:08:23 PM

BEGINNING BALANCES:
Spending Limit \$80.00
Available Balance is \$94.31
Available Spending Limit is \$75.40

QTY	DESCRIPTION	PRICE
1	DATEX CALCULATOR CA348 /DH1228	\$3.60
	SUBTOTAL	\$3.60
	TAXES	\$0.17
	CHARGE 0640457	\$3.77

ENDING BALANCES:
Available Balance is \$90.54
Available Spending Limit is \$72.80

TX ID: 1057019 111

Signature / Thumb Print

---Sales Invoice---

Lexington Facility
LARC CANTEEN
DOC No. 0640457
CLARK, DAVID G
11/30/2018 2:09:57 PM

BEGINNING BALANCES:
Spending Limit \$80.00
Available Balance is \$23.43
Available Spending Limit is \$80.00

QTY	DESCRIPTION	PRICE
1	RUSSELL XL SWEATPANT W 1TH POCKET	\$14.33
	SUBTOTAL	\$14.33
	TAXES	\$0.68
	CHARGE 0640457	\$15.01

ENDING BALANCES:
Available Balance is \$8.42
Available Spending Limit is \$80.00

TX ID: 1061930 57

Signature / Thumb Print

---Sales Invoice---

Lexington Facility
LARC CANTEEN
DOC No. 0640457
CLARK, DAVID G
11/1/2018 2:59:15 PM

BEGINNING BALANCES:
Spending Limit \$80.00
Available Balance is \$126.88
Available Spending Limit is \$80.00

QTY	DESCRIPTION	PRICE
2	ION3 BATTERIES AAA 4/P K	\$2.24
1	DORCO TRIPLE BLADE REP LACEMENT 4PK	\$2.32
1	DORCO RAZOR 3 BLADE HA NDLE	\$2.52
4	KEEFE FREEZE DRIED COF FEE COLONBIAN 3.0Z	\$8.08
2	OPKATE PENCIL SHARPEN ER TWIN	\$0.86
2	NEXT1 SOAP COCOA BUTTE R BAR 5OZ	\$1.12
2	NEXT1 SOAP MOISTURIZIN G BAR 5 OZ	\$1.12
1	HEAD PAPER COLLEGE RUL ED 200CT	\$2.25
2	BIC PEN ROUND STIC	\$0.74
1	BLUE BUNNY COOKIES & C REAM PINT	\$4.11
1	BLUE BUNNY ICE CREAM B AR BIG MISSISSIPPI	\$1.76
1	PLASTIC SPOON, 1 EACH	\$0.77
	SUBTOTAL	\$27.49
	TAXES	\$1.31
	CHARGE 0640457	\$28.80

ENDING BALANCES:
Available Balance is \$98.08
Available Spending Limit is \$58.32

2:29:36 PM
2/05/2017

P.O BOX 17470, ST LOUIS, MO 63178-7470
PROPERTY ITEMS

PAGE: 1 OF 1
SHIP FROM: 380

INMATE NAME: CLARK, DAVID GEORGE

INMATE NUMBER: 25045

BLOCK: NO. TIER: 0 CELL: C111

CUSTOMER: 17765131091P-0011

CUSTOMER NAME: LANTON COER FACILITY

CPR: 101030728

BEG FUND BAL: 37.50

ORDER DATE: 12/05/2017

ORDER: 7326098

DELIVERY NAME: 2974611

AY	SEQ	ALIAS	QTY	UOM	DESCRIPTION	ITEMS
	1407		1	EA	WESTBENT TRINLOHT, HOT POT	21559

SIGNED *David Clark*

WITNESSED BY

DATE

DATE

12:29 PM
12/05/2017

P.O BOX 17490, St Louis, MO 63178-7490

PAGE: 1 OF
SHIP FROM:NAME: CLARK, DAVID GEORGE
NUMBER: 640457

FACILITY NUMBER: 17769131071P-0011

BLOCK: N6

TIER: C

CELL: C11

FACILITY NAME: LAWTON CORR FACILITY



9326094-101030728

QPR : 101030728

BES FUND BAL: 37.80

ORDER DATE: 12/05/2017

ORDER : 9326094



2974611

DAY SER ALIAS QTY UOM DESCRIPTION

ITEMS T PRICE TOTAL

DAY	SER	ALIAS	QTY	UOM	DESCRIPTION	ITEMS T	PRICE	TOTAL
10	2545	1072	1	EA	PROTECTION DYSK RAZR 1/EA	20332	0.55	0.55
14	3010	1047	1	EA	DOCUMENT FILE	20507	2.48	2.48
17	3430	6052	2	EA	ADDRESS BOOK	505	2.45	2.45
27	4650	3333	2	EA	HOT & SPICY VEG EATEN	6052	0.60	1.20
35	5450	1383	1	EA	BK ZC(BOX) FB WARESS	80001516	2.40	4.80
					EA AJAX DISH LIQUID		1.50	1.50

PROPERTY ITEMS TO BE DELIVERED FROM PROPERTY OFFICE

1407 1. EA PROPERTY ITEM

21559 21.19 21.19

REJECTED ITEMS

ALIAS	QTY	DESCRIPTION	REASON
0305	3	PROTECTION DYSK RAZR 1/EA	Insufficient Funds
6052	2	HOT & SPICY VEG EATEN	Insufficient Funds

I=Invalid M=On Menu B=Backordered C=Cancelled
 H=Not Available/Sub S=Substituted V=Inventory

SUBTOTAL 34.17
 SALES TAX 3.68
 ORDER TOTAL 37.25

1ST ITEMS OF SHORTAGES AND/OR DAMAGES

QTY

END FUND BAL 0.99
CATEGORY/DESCRIPTION

SIGNED David Clark

DATE 12-6-17

WITNESSED BY

DATE

Datex Calculator

West Bend TRNL-CNT Hot Pot

Russell XL Sweatpant w/ Pocket

Colored Pencils

Glue

Ruler

Dorco Razor 3 Blade Handle

Dorco ~~Triple~~ Triple Blade Replacement

GPX Radio Walkman

Must Be Submitted Through the Law Library or Designee
Inmate/Offender Grievance Process
REQUEST TO STAFF

RECEIVED

TO: Property
 (NAME AND TITLE OF STAFF MEMBER)

FACILITY/DIST/UNIT: LEC DATE: DEC 27 2018

LCC/LARC
 Law Library

I have ☒ have not ☐ already submitted a "Request to Staff" or grievance on this same issue.

If yes, what date: 12-12-18 facility: LCC grievance #: 8942

I affirm that I do ☒ do not ☐ have a grievance pending on this issue.

I affirm that I do ☐ do not ☒ have a lawsuit of any type pending that relates in any way to this issue.

If a lawsuit is pending, indicate case number and court: _____

This request ☐ does ☒ does not relate to a pending misconduct report. If it does, this request may only be answered by the disciplinary coordinator assigned to the misconduct.

SUBJECT: State completely, but briefly, the problem on which you desire assistance. This statement must be specific as to the complaint, dates, places, personnel involved, and how you were affected. One issue or incident per "Request to Staff." Your failure to specifically state your problem may result in this being returned unanswered.

I have a complaint about my Property
is missing such as listed herein: orange jumpsuits, Westbend Hat
Pot, long sleeve shirt, sweatpants, radio, shower shoes
, stocking cap, color pencils, pencil sharpener, and etc.

(USE OTHER SIDE IF MORE SPACE IS NEEDED. DO NOT ATTACH ADDITIONAL PAGES.)

ACTION REQUESTED: State exactly how you believe your request may be handled; that is, what exactly should be done and how.

I want to be reimburse on all the items lost
which is about \$90.00 value. Please and Thank
You.

NAME: David Clark (PRINT) DOC NUMBER: 640457 UNIT & CELL NUMBER: 5H4108

SIGNATURE: David Clark WORK ASSIGNMENT: N/A

DO NOT WRITE BELOW THIS LINE

DISPOSITION:

These items never came to the property room with your belonging
 therefore property room is not responsible for lost items I would contact the officer that packed
 you up

Lesa Shea

12-27-18

Entered / Answered

STAFF MEMBER

DATE

DEC 27 2018

LCC/LARC
 Law Library

Date response sent to inmate: _____

1. Original to file
2. Copy to inmate/offender

DOC 090124D (R 9/16)

RECEIVED

IN 100

STATION

7-10-19

I want to be reimburse for each item
lost, which is about \$90.00 value.

8994

Must Be Submitted Through the Law Library or Designee
Inmate/Offender Grievance Process

RECEIVED

DEC 21 2018

REQUEST TO STAFF

TO: Mr. Briggs Warden FACILITY/DIST/UNIT: LCC LCC/LARC
(NAME AND TITLE OF STAFF MEMBER) DATE: 12/19-18

I have ☒ have not ☐ already submitted a "Request to Staff" or grievance on this same issue.

If yes, what date: _____ facility: LCC grievance #: _____

I affirm that I do ☒ do not ☐ have a grievance pending on this issue.

I affirm that I do ☒ do not ☐ have a lawsuit of any type pending that relates in any way to this issue.

If a lawsuit is pending, indicate case number and court: _____

This request ☐ does ☒ does not relate to a pending misconduct report. If it does, this request may only be answered by the disciplinary coordinator assigned to the misconduct.

SUBJECT: State completely, but briefly, the problem on which you desire assistance. This statement must be specific as to the complaint, dates, places, personnel involved, and how you were affected. One issue or incident per "Request to Staff." Your failure to specifically state your problem may result in this being returned unanswered.

I have some complaints by the person that lied on me to staff and the investigator. He did this at the last facility and he is doing it here by lying on his ADLs and I'm
(USE OTHER SIDE IF MORE SPACE IS NEEDED. DO NOT ATTACH ADDITIONAL PAGES.)

Please
Turn
over

ACTION REQUESTED: State exactly how you believe your request may be handled; that is, what exactly should be done and how.

I hope this gets resolve A.S.A.P. by this lawsuit against David Strange for making false statements and so forth.

NAME: David Clark (PRINT) DOC NUMBER: 640457 UNIT & CELL NUMBER: SHU 108

SIGNATURE: David Clark WORK ASSIGNMENT: N/A

DO NOT WRITE BELOW THIS LINE

DISPOSITION: This incident is being investigated.

STAFF MEMBER

DATE

Entered / Answered

JAN 04 2019

Date response sent to inmate: _____

1. Original to file
2. Copy to inmate/offender

LCC/LARC
Law Library
DOC 090124D (R 9/16)

tired of it all. Ms. Winona can find some
one else but it will not last long before he
lies again and again. I'm done playing games
I'm filing a lawsuit against that lying bastard.

MS

OKLAHOMA DEPARTMENT OF CORRECTIONS
INMATE PROPERTY INVENTORY FORM

Duffel Bag Security Seal Number _____

Date 8-9-18
640457Inmate's DOC Number _____ Print Inmate's Name (Last) (First) Clark David (Middle Initial) _____

Reason for Inventory

Reception _____ From _____ Release _____ Type _____
Transfer _____ To _____ Extended Absence _____ To _____
Escape _____ Segregation _____ Number of Boxes _____

Unauthorized/Excess Property To Be mailed or Released To:

Name _____ Street _____
City/State _____ Zip _____ Phone _____
Description of Unauthorized/Excess Property: _____

Allowable Religious Objects/Symbols (as specified in OP-030112): _____

QUANTITY	CONDITION	MAKE	MODEL	COLOR	SERIAL NUMBER
Clock (1)					
Curling Iron, etc. (1)					
Electric Razor or Beard Trimmer (1)					
Fan (1)	<u>new</u>	<u>Massey</u>	<u>8"</u>	<u>CLR</u>	<u>SFR # 24621</u>
Hair Dryer (1)					
Hot Pot (1)					
MP3 Player (1)					
Radio or Clock Radio (1)	<u>See below</u>				
Reading Light (1)					
Television (1)					
Watch (1)					

OTHER PROPERTY (LIST QUANTITY OF EACH)

<input type="checkbox"/> Air Mattress (1) or Mattress w/ integrated pillow (1)	<input type="checkbox"/> Insulated Underwear Bottom (2)	<input type="checkbox"/> Spoon (1)
<input type="checkbox"/> Arts/Crafts/Paper	<input type="checkbox"/> Insulated Underwear Top (2)	<input type="checkbox"/> State Issue Scrub Pants (3-4)
<input type="checkbox"/> Athletic Shoes (1)	<input type="checkbox"/> Laundry Bag (1)	<input type="checkbox"/> State Issue Scrub Shirt (3-4)
<input type="checkbox"/> Athletic Supporters (1-2)	<input type="checkbox"/> Legal Material (1 cubic foot)	<input type="checkbox"/> Sweat Pants (2)
<input type="checkbox"/> Barrettes** (5)	<input type="checkbox"/> Linens (1 set)	<input type="checkbox"/> Sweat Shirt (2)
<input type="checkbox"/> Baseball/Stocking Cap (1-2)	<input type="checkbox"/> Makeup Bag** (1)	<input type="checkbox"/> T-Shirt, Commemorative (1)
<input type="checkbox"/> Bath Towels (3)	<input type="checkbox"/> Medicine (KOP) i.e., Nitroglycerin, inhaler	<input type="checkbox"/> T-Shirt, State Issue (1)
<input type="checkbox"/> Bathrobe* (1)	<input type="checkbox"/> Necklace (1)	<input type="checkbox"/> T-Shirt, (5-7) Maximum of 7 T-shirts allowed
<input type="checkbox"/> Bowl with Lid (1)	<input type="checkbox"/> Nicotine Patches (1 Series)	<input type="checkbox"/> Toothbrush Cap (1)
<input type="checkbox"/> Bras** (7)	<input type="checkbox"/> Inmate ID (1)	<input type="checkbox"/> Tweezers** (1)
<input type="checkbox"/> Briefs/Boxer Shorts*** (7)	<input type="checkbox"/> Panties ** (7)	<input type="checkbox"/> Wallet (1) (community corrections only)
<input type="checkbox"/> Brush/Comb/Pick (1-2)	<input type="checkbox"/> Personal hygiene items/cosmetics (base, lipstick, mascara)	<input type="checkbox"/> Washcloths (3)
<input type="checkbox"/> Can Opener (1)	<input type="checkbox"/> Personal Jeans (5)	ADDITIONAL PROPERTY:
<input type="checkbox"/> Coat (1) or (3)***	<input type="checkbox"/> Personal Shirts (5)	
<input type="checkbox"/> Combination Padlocks (2)	<input type="checkbox"/> Photo Album (1)	
<input type="checkbox"/> Denture Cup (1)	<input type="checkbox"/> Picture Frame (8"x10") (1)	
<input type="checkbox"/> Disposable Razor (1-5)	<input type="checkbox"/> Pillow (1)	
<input type="checkbox"/> Earrings** (2)	<input type="checkbox"/> Plastic Coffee Cup (1)	
<input type="checkbox"/> Electrical Power Bar (1)	<input type="checkbox"/> Plastic Drinking Cup (1)	
<input type="checkbox"/> Electronic Game (1)	<input type="checkbox"/> Playing Cards (1 Set)	
<input type="checkbox"/> Emery Boards** (2)	<input type="checkbox"/> Postage Stamps (20)	
<input type="checkbox"/> Fingernail Clippers (1)	<input type="checkbox"/> Ring (1 plain wedding band--no stones)	
<input type="checkbox"/> Footwear (1) [if no athletic shoes]	<input type="checkbox"/> Sewing Kit (1)	
<input type="checkbox"/> Gym/Walking Shorts (1-2)	<input type="checkbox"/> Shower Shoes or Rubber/Plastic Clogs (1)	
<input type="checkbox"/> Hair Bands (5)	<input type="checkbox"/> Sleepwear** (2)	
<input type="checkbox"/> Hair Clip** (1)	<input type="checkbox"/> Slip** (1)	
<input type="checkbox"/> Hair Rollers** (20)	<input type="checkbox"/> Soap Dish (1)	
<input type="checkbox"/> Headsets (2)	<input type="checkbox"/> Socks (7)	
<input type="checkbox"/> Ice Bucket		

*Females and special needs/geriatric only

**Females only

***Males Only

****HWH Only

I understand that unauthorized property listed above must be mailed at my own expense within 30 days from today or that property must be picked up by the person I have indicated within 30 days. If the authorized person does not pick it up, I understand that the property will be donated or destroyed by the Oklahoma Department of Corrections.

I acknowledge that I am responsible for all personal property recorded on my property form to include additions and deletions as well as property issued by the state and that the facility will only accept responsibility for items inventoried and secured by facility staff.

I further understand that the property form, including any additions, is considered to be the complete accounting of the personal property in my possession. All other items will be considered contraband and disposed of in accordance with current procedures, OP-040109 entitled "Control of Contraband and Physical Evidence." I am subject to disciplinary action for possession of contraband.

Inmates who are transferred from one prison to another assume the risk of alleged damage to property the inmate packs and/or carries to a transportation vehicle. The department assumes no liability for the welfare of any inmate's property packed by or placed in a transportation vehicle by any person other than facility staff.

I REALIZE THAT I BRING ANY (AUTHORIZED) PERSONAL PROPERTY INTO THE FACILITY AT MY OWN RISK.

Transfer: The undersigned states this inventory includes all personal effects and property, including legal materials, and that he/she has not left any authorized personal property at (Facility) _____, and that all personal effects and property are undamaged and electrical appliances are in working order.

Inmate Signature David ClarkDate 8-10-18Inventory Officer CD RussellDate 8-10-18

Witness _____

Date _____

Receipt: The undersigned states that the duffel bag and all cardboard boxes were received undamaged and that the security seal was unbroken.

Inmate Signature _____

Date _____

Inventory Officer _____

Date _____

Witness _____

Date _____

ARTICLE	DESCRIPTION/IDENTIFICATION	ARTICLE	DESCRIPTION/IDENTIFICATION
Television	_____	Radio	_____
Headphones	_____	Hotpot	<u>5 CUP HOT/WO STB AND</u>
Razor/Trimmer	_____ <u>NA</u>	Watch	_____
MP3 Player	_____	Clock Radio	_____

ARTICLE	AMOUNT	CODE	ARTICLE	AMOUNT	CODE	RHU ITEMS	AMOUNT
Books-Hardback	1	P	Powder, Bath	1	P	Address Book	1
Books-Legal	1	P	Razor, Disposable	1	P	Bible	1
Books-Magazines	10	P	Remote	1	P	Blanket, White	1
Books-Paperback	6	P	Ring	1	P	Blanket, Wool	1
Bowl	1	P	Rubber Boots	1	P	Box of Envelopes	1
Calculator	1	P	Shaving Cream	1	P	Boxer Shorts	3
Can Opener	1	P	Shoes-Personal	1	P	Comb/Brush	3/5
Canteen Bag	1	P	Shoes-State	1	P	Deodorant	1
Cap, Baseball	1	P	Shorts, Gym	1	P	Glasses, Case	1
Cap, Stocking	1	P	Spoon	1	P	Glasses, Regular	1
Cards, Playing	1	P	Sweatpants	1	P	Laundry Bag	1
Clock	1	P	Sweatshirt	1	P	Mattress	1
Combination Lock	1	P	Thermal, Bottom	1	P	Pants, Blue	2
Conditioner	1	P	Thermal, Top	1	P	Pen/Pencil	3
Cup, Plastic	1	P	T-shirts	1	P	Pillow	1
Electric Power Bar	1	P	TV Cable	1	P	Pillowcase	1
Fingernail Clippers	1	P	Vaseline	2	P	Shampoo	1
Glasses, Sun	1	P	Vitamins	1	P	Sheet	1
Gloves	1	P	Canteen Items	1	P	Shirts, Blue	2
Hair Dressing	1	P	Shaving Gel	1	P	Shower Shoes	1
Hand Lotion	1	P	A-Sock	1	P	Soap, Bath	1
Handkerchief	1	P				Soap, Dish	1
Ice Chest/Cooler	1	P				Socks	6
Jacket	1	P				Stamps	1
Lamp, Reading	1	P				Toilet Paper	1
Legal Papers	7	P				Toothbrush	1
Letters, Personal	1	P				Toothbrush holder	1
Mirror	1	P				Toothpaste	1
Photo Album	1	P				Towels	2
Picture Frame	1	P				Wash Clothes	1
Pictures	1	P				Writing Tablet	1

CODES: K-KEPT P-PROPERTY C-CONFISCATED D-DESTROYED
 RHU ITEMS: Items to be given to offender at time of placement in Restricted Housing Unit

Inventory Date and Time <u>4/16/18</u>	Officer Name (Print) <u>Rayer</u>	Offender Signature/DOC <u>640457</u>
Date Returned	Officer Signature	Offender Signature/DOC

OKLAHOMA DEPARTMENT OF CORRECTIONS
INMATE PROPERTY INVENTORY FORM

Duffel Bag Security Seal Number _____

Date 8/30/18Inmate's DOC Number 640457Print Inmate's Name (Last) (First) (Middle Initial) Clark, David

Reason for Inventory

Reception	From	Release	Type
Transfer	To	Extended Absence	To
Escape		Segregation	Number of Boxes

Unauthorized/Excess Property To Be mailed or Released To:

Name	Street
City/State	Zip
Description of Unauthorized/Excess Property:	Phone

Allowable Religious Objects/Symbols (as specified in OP-030112): _____

QUANTITY	CONDITION	MAKE	MODEL	COLOR	SERIAL NUMBER
Clock (1)					
Curling Iron, etc. (1)					
Electric Razor or Beard Trimmer (1)					
Fan (1)					
Hair Dryer (1)					
Hot Pot (1)					
MP3 Player (1)					
Radio or Clock Radio (1)					
Reading Light (1)					
Television (1)					
Watch (1)					

OTHER PROPERTY (LIST QUANTITY OF EACH)

<input type="checkbox"/> Air Mattress (1) or Mattress w/ integrated pillow (1)	<input type="checkbox"/> Insulated Underwear Bottom (2)	<input type="checkbox"/> Spoon (1)
<input type="checkbox"/> Arts/Crafts/Paper	<input type="checkbox"/> Insulated Underwear Top (2)	<input type="checkbox"/> State Issue Scrub Pants (3-4)
<input type="checkbox"/> Athletic Shoes (1)	<input type="checkbox"/> Laundry Bag (1)	<input type="checkbox"/> State Issue Scrub Shirt (3-4)
<input type="checkbox"/> Athletic Supporters (1-2)	<input type="checkbox"/> Legal Material (1 cubic foot)	<input type="checkbox"/> Sweat Pants (2)
<input type="checkbox"/> Barrettes** (5)	<input type="checkbox"/> Linens (1 set)	<input type="checkbox"/> Sweat Shirt (2)
<input type="checkbox"/> Baseball/Stocking Cap (1-2)	<input type="checkbox"/> Makeup Bag** (1)	<input type="checkbox"/> T-Shirt, Commemorative (1)
<input type="checkbox"/> Bath Towels (3)	<input type="checkbox"/> Medicine (KOP) i.e., Nitroglycerin, inhaler	<input type="checkbox"/> T-Shirt, State Issue (1)
<input type="checkbox"/> Bathrobe* (1)	<input type="checkbox"/> Necklace (1)	<input type="checkbox"/> T-Shirt, (5-7) Maximum of 7 T-shirts allowed
<input type="checkbox"/> Bowl with Lid (1)	<input type="checkbox"/> Nicotine Patches (1 Series)	<input type="checkbox"/> Toothbrush Cap (1)
<input type="checkbox"/> Bras** (7)	<input type="checkbox"/> Inmate ID (1)	<input type="checkbox"/> Tweezers** (1)
<input type="checkbox"/> Briefs/Boxer Shorts*** (7)	<input type="checkbox"/> Panties ** (7)	<input type="checkbox"/> Wallet (1) (community corrections only)
<input type="checkbox"/> Brush/Comb/Pick (1-2)	<input type="checkbox"/> Personal hygiene items/cosmetics (base, lipstick, mascara)	<input type="checkbox"/> Washcloths (3)
<input type="checkbox"/> Can Opener (1)	<input type="checkbox"/> Personal Jeans (5)	ADDITIONAL PROPERTY:
<input type="checkbox"/> Coat (1) or (3)****	<input type="checkbox"/> Personal Shirts (5)	
<input type="checkbox"/> Combination Padlocks (2)	<input type="checkbox"/> Photo Album (1)	
<input type="checkbox"/> Denture Cup (1)	<input type="checkbox"/> Picture Frame (8"x10") (1)	
<input type="checkbox"/> Disposable Razor (1-5)	<input type="checkbox"/> Pillow (1)	
<input type="checkbox"/> Earrings** (2)	<input type="checkbox"/> Plastic Coffee Cup (1)	
<input type="checkbox"/> Electrical Power Bar (1)	<input type="checkbox"/> Plastic Drinking Cup (1)	
<input type="checkbox"/> Electronic Game (1)	<input type="checkbox"/> Playing Cards (1 Set)	
<input type="checkbox"/> Emery Boards** (2)	<input type="checkbox"/> Postage Stamps (20)	
<input type="checkbox"/> Fingernail Clippers (1)	<input type="checkbox"/> Ring (1 plain wedding band—no stones)	
<input type="checkbox"/> Footwear (1) [if no athletic shoes]	<input type="checkbox"/> Sewing Kit (1)	
<input type="checkbox"/> Gym/Walking Shorts (1-2)	<input type="checkbox"/> Shower Shoes or Rubber/Plastic Clogs (1)	
<input type="checkbox"/> Hair Bands (5)	<input type="checkbox"/> Sleepwear** (2)	
<input type="checkbox"/> Hair Clip** (1)	<input type="checkbox"/> Slip** (1)	
<input type="checkbox"/> Hair Rollers** (20)	<input type="checkbox"/> Soap Dish (1)	
<input type="checkbox"/> Headsets (2)	<input type="checkbox"/> Socks (7)	
<input type="checkbox"/> Ice Bucket		

*Females and special needs/geriatric only

**Females only

*** Males Only

****HWH Only

I understand that unauthorized property listed above must be mailed at my own expense within 30 days from today or that property must be picked up by the person I have indicated within 30 days. If the authorized person does not pick it up, I understand that the property will be donated or destroyed by the Oklahoma Department of Corrections.

I acknowledge that I am responsible for all personal property recorded on my property form to include additions and deletions as well as property issued by the state and that the facility will only accept responsibility for items inventoried and secured by facility staff.

I further understand that the property form, including any additions, is considered to be the complete accounting of the personal property in my possession. All other items will be considered contraband and disposed of in accordance with current procedures, OP-040109 entitled "Control of Contraband and Physical Evidence." I am subject to disciplinary action for possession of contraband.

Inmates who are transferred from one prison to another assume the risk of alleged damage to property the inmate packs and/or carries to a transportation vehicle. The department assumes no liability for the welfare of any inmate's property packed by or placed in a transportation vehicle by any person other than facility staff.

I REALIZE THAT I BRING ANY (AUTHORIZED) PERSONAL PROPERTY INTO THE FACILITY AT MY OWN RISK.

Transfer: The undersigned states this inventory includes all personal effects and property, including legal materials, and that he/she has not left any authorized personal property at (Facility) _____, and that all personal effects and property are undamaged and electrical appliances are in working order.

Inmate Signature _____ Date _____

Inventory Officer _____ Date 8/30/18

Witness _____ Date _____

Receipt: The undersigned states that the duffel bag and all cardboard boxes were received undamaged and that the security seal was unbroken.

Inmate Signature _____ Date _____

Inventory Officer _____ Date _____

Witness _____ Date _____

OKLAHOMA DEPARTMENT OF CORRECTIONS
INMATE PROPERTY INVENTORY FORM

Duffel Bag Security Seal Number _____

Date 8-9-18
640457

Inmate's Name (Last) (First) (Middle Initial)
Clark David

Inmate's DOC Number _____

Reason for Inventory

Reception _____ From _____ Release _____ Type _____
Transfer _____ To _____ Extended Absence _____ To _____
Escape _____ Segregation _____ Number of Boxes _____

Unauthorized/Excess Property To Be mailed or Released To:

Name _____ Street _____
City/State _____ Zip _____ Phone _____
Description of Unauthorized/Excess Property: _____

Allowable Religious Objects/Symbols (as specified in OP-030112): _____

QUANTITY	CONDITION	MAKE	MODEL	COLOR	SERIAL NUMBER
Clock (1)					
Curling Iron, etc. (1)					
Electric Razor or Beard Trimmer (1)					
Fan (1)	<u>New</u>	<u>Massey</u>	<u>8"</u>	<u>CLR</u>	<u>SIR # 24621</u>
Hair Dryer (1)					
Hot Pot (1)					
MP3 Player (1)					
Radio or Clock Radio (1)	<u>See below</u>				
Reading Light (1)					
Television (1)					
Watch (1)					

OTHER PROPERTY (LIST QUANTITY OF EACH)

<input type="checkbox"/> Air Mattress (1) or Mattress w/ integrated pillow (1)	<input type="checkbox"/> Insulated Underwear Bottom (2)	<input type="checkbox"/> Spoon (1)
<input type="checkbox"/> Arts/Crafts/Paper	<input type="checkbox"/> Insulated Underwear Top (2)	<input type="checkbox"/> State Issue Scrub Pants (3-4)
<input type="checkbox"/> Athletic Shoes (1)	<input type="checkbox"/> Laundry Bag (1)	<input type="checkbox"/> State Issue Scrub Shirt (3-4)
<input type="checkbox"/> Athletic Supporters (1-2)	<input type="checkbox"/> Legal Material (1 cubic foot)	<input type="checkbox"/> Sweat Pants (2)
<input type="checkbox"/> Barrettes** (5)	<input type="checkbox"/> Linens (1 set)	<input type="checkbox"/> Sweat Shirt (2)
<input type="checkbox"/> Baseball/Stocking Cap (1-2)	<input type="checkbox"/> Makeup Bag** (1)	<input type="checkbox"/> T-Shirt, Commemorative (1)
<input type="checkbox"/> Bath Towels (3)	<input type="checkbox"/> Medicine (KOP) i.e., Nitroglycerin, inhaler	<input type="checkbox"/> T-Shirt, State Issue (1)
<input type="checkbox"/> Bathrobe* (1)	<input type="checkbox"/> Necklace (1)	<input type="checkbox"/> T-Shirt (5-7) Maximum of 7 T-shirts allowed
<input type="checkbox"/> Bowl with Lid (1)	<input type="checkbox"/> Nicotine Patches (1 Series)	<input type="checkbox"/> Toothbrush Cap (1)
<input type="checkbox"/> Bras** (7)	<input type="checkbox"/> Inmate ID (1)	<input type="checkbox"/> Tweezers** (1)
<input type="checkbox"/> Briefs/Boxer Shorts*** (7)	<input type="checkbox"/> Panties ** (7)	<input type="checkbox"/> Wallet (1) (community corrections only)
<input type="checkbox"/> Brush/Comb/Pick (1-2)	<input type="checkbox"/> Personal hygiene items/cosmetics (base, lipstick, mascara)	<input type="checkbox"/> Washcloths (3)
<input type="checkbox"/> Can Opener (1)	<input type="checkbox"/> Personal Jeans (5)	ADDITIONAL PROPERTY:
<input type="checkbox"/> Coat (1) or (3)***	<input type="checkbox"/> Personal Shirts (5)	
<input type="checkbox"/> Combination Padlocks (2)	<input type="checkbox"/> Photo Album (1)	
<input type="checkbox"/> Denture Cup (1)	<input type="checkbox"/> Picture Frame (8"x10") (1)	
<input type="checkbox"/> Disposable Razor (1-5)	<input type="checkbox"/> Pillow (1)	
<input type="checkbox"/> Earrings** (2)	<input type="checkbox"/> Plastic Coffee Cup (1)	
<input type="checkbox"/> Electrical Power Bar (1)	<input type="checkbox"/> Plastic Drinking Cup (1)	
<input type="checkbox"/> Electronic Game (1)	<input type="checkbox"/> Playing Cards (1 Set)	
<input type="checkbox"/> Emery Boards** (2)	<input type="checkbox"/> Postage Stamps (20)	
<input type="checkbox"/> Fingernail Clippers (1)	<input type="checkbox"/> Ring (1 plain wedding band—no stones)	
<input type="checkbox"/> Footwear (1) [if no athletic shoes]	<input type="checkbox"/> Sewing Kit (1)	
<input type="checkbox"/> Gym/Walking Shorts (1-2)	<input type="checkbox"/> Shower Shoes or Rubber/Plastic Clogs (1)	
<input type="checkbox"/> Hair Bands (5)	<input type="checkbox"/> Sleepwear** (2)	
<input type="checkbox"/> Hair Clip** (1)	<input type="checkbox"/> Slip** (1)	
<input type="checkbox"/> Hair Rollers** (20)	<input type="checkbox"/> Soap Dish (1)	
<input type="checkbox"/> Headsets (2)	<input type="checkbox"/> Socks (7)	
<input type="checkbox"/> Ice Bucket		

*Females and special needs/geriatric only

**Females only

*** Males Only

****HWH Only

I understand that unauthorized property listed above must be mailed at my own expense within 30 days from today or that property must be picked up by the person I have indicated within 30 days. If the authorized person does not pick it up, I understand that the property will be donated or destroyed by the Oklahoma Department of Corrections.

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I REALIZE THAT I BRING ANY (AUTHORIZED) PERSONAL PROPERTY INTO THE FACILITY AT MY OWN RISK.

Transfer: The undersigned states this inventory includes all personal effects and property, including legal materials, and that he/she has not left any authorized personal property at (Facility) _____, and that all personal effects and property are undamaged and electrical appliances are in working order.

Inmate Signature _____ Date 8-10-18 Inventory Officer GPX Digital AMFM Radio Date 8-10-18

Witness _____ Date _____

Receipt: The undersigned states that the duffel bag and all cardboard boxes were received undamaged and that the security seal was unbroken.

Inmate Signature _____ Date _____ Inventory Officer _____ Date _____

Witness _____ Date _____

OKLAHOMA DEPARTMENT OF CORRECTIONS
INMATE PROPERTY INVENTORY FORM

Duffel Bag Security Seal Number _____

Date

Inmate's DOC Number

Print Inmate's Name (Last)

(First)

(Middle Initial)

Reason for Inventory

Reception

From

Release

Type

Transfer

To

Extended Absence

To

Escape

Segregation

Number of Boxes

Unauthorized/Excess Property To Be mailed or Released To:

Name

Street

City/State

Zip

Phone

Description of Unauthorized/Excess Property:

Allowable Religious Objects/Symbols (as specified in OP-030112):

QUANTITY	CONDITION	MAKE	MODEL	COLOR	SERIAL NUMBER
Clock (1)					
Curling Iron, etc. (1)					
Electric Razor or Beard Trimmer (1)					
Fan (1)					
Hair Dryer (1)					
Hot Pot (1)		Great Westland		clear	640457
MP3 Player (1)					
Radio or Clock Radio (1)					
Reading Light (1)					
Television (1)					
Watch (1)					

OTHER PROPERTY (LIST QUANTITY OF EACH)

0 Air Mattress (1) or Mattress w/ integrated pillow (1)
1 Arts/Crafts/Paper
1 Athletic Shoes (1)
0 Athletic Supporters (1-2)
0 Barrettes** (5)
1 Baseball/Stocking Cap (1-2)
0 Bath Towels (3)
0 Bathrobe* (1)
1 Bowl with Lid (1)
0 Bras** (7)
3 Briefs/Boxer Shorts*** (7)
0 Brush/Comb/Pick (1-2)
0 Can Opener (1)
0 Coat (1) or (3)****
0 Combination Padlocks (2)
0 Denture Cup (1)
0 Disposable Razor (1-5)
0 Earrings** (2)
0 Electrical Power Bar (1)
0 Electronic Game (1)
0 Emery Boards** (2)
0 Fingernail Clippers (1)
0 Footwear (1) [if no athletic shoes]
0 Gym/Walking Shorts (1-2)
0 Hair Bands (5)
0 Hair Clip** (1)
0 Hair Rollers** (20)
0 Headsets (2)
0 Ice Bucket

0 Insulated Underwear Bottom (2)
0 Insulated Underwear Top (2)
0 Laundry Bag (1)
0 Legal Material (1 cubic foot)
0 Linens (1 set)
0 Makeup Bag** (1)
0 Medicine (KOP) i.e., Nitroglycerin, inhaler
0 Necklace (1)
0 Nicotine Patches (1 Series)
0 Inmate ID (1)
0 Panties** (7)
0 Personal hygiene items/cosmetics (base, lipstick, mascara)
0 Personal Jeans (5)
0 Personal Shirts (5)
0 Photo Album (1)
0 Picture Frame (8"x10") (1)
0 Pillow (1)
0 Plastic Coffee Cup (1)
0 Plastic Drinking Cup (1)
0 Playing Cards (1 Set)
0 Postage Stamps (20)
0 Ring (1 plain wedding band—no stones)
0 Sewing Kit (1)
0 Shower Shoes or Rubber/Plastic Clogs (1)
0 Sleepwear** (2)
0 Slip** (1)
0 Soap Dish (1)
0 Socks (7)

1 Spoon (1)
0 State Issue Scrub Pants (3-4)
0 State Issue Scrub Shirt (3-4)
0 Sweat Pants (2)
0 Sweat Shirt (2)
0 T-Shirt, Commemorative (1)
0 T-Shirt, State Issue (1)
0 T-Shirt, (5-7) Maximum of 7 T-shirts allowed
0 Toothbrush Cap (1)
0 Tweezers** (1)
0 Wallet (1) (community corrections only)
0 Washcloths (3)

ADDITIONAL PROPERTY:

address book
mesh shorts (1)

*Females and special needs/geriatric only

**Females only

***Males Only

****HWH Only

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I further understand that the property form, including any additions, is considered to be the complete accounting of the personal property in my possession. All other items will be considered contraband and disposed of in accordance with current procedures, OP-040109 entitled "Control of Contraband and Physical Evidence." I am subject to disciplinary action for possession of contraband.

Inmates who are transferred from one prison to another assume the risk of alleged damage to property the inmate packs and/or carries to a transportation vehicle. The department assumes no liability for the welfare of any inmate's property packed by or placed in a transportation vehicle by any person other than facility staff.

I REALIZE THAT I BRING ANY (AUTHORIZED) PERSONAL PROPERTY INTO THE FACILITY AT MY OWN RISK.

Transfer: The undersigned states this inventory includes all personal effects and property, including legal materials, and that he/she has not left any authorized personal property at (Facility) _____, and that all personal effects and property are undamaged and electrical appliances are in working order.

Inmate Signature

Date

Inventory Officer

Date

Witness

Date

Receipt: The undersigned states that the duffel bag and all cardboard boxes were received undamaged and that the security seal was unbroken.

Inmate Signature

Date

Inventory Officer

Date

Witness

Date

OKLAHOMA DEPARTMENT OF CORRECTIONS
INMATE PROPERTY INVENTORY FORM

Duffel Bag Security Seal Number _____

Date 6-4-18Print Inmate's Name (Last) (First) (Middle Initial)
Clark David

Inmate's DOC Number _____

Reason for Inventory

Reception _____	From _____	Release _____	Type _____
Transfer _____	To _____	Extended Absence _____	To _____
Escape _____		Segregation _____	Number of Boxes _____

Unauthorized/Excess Property To Be mailed or Released To:

Name _____	Street _____
City/State _____	Zip _____ Phone _____

Description of Unauthorized/Excess Property: _____

Allowable Religious Objects/Symbols (as specified in OP-030112): _____

QUANTITY	CONDITION	MAKE	MODEL	COLOR	SERIAL NUMBER
Clock (1)					
Curling Iron, etc. (1)					
Electric Razor or Beard Trimmer (1)					
Fan (1)					
Hair Dryer (1)					
Hot Pot (1)					
MP3 Player (1)					
Radio or Clock Radio (1)					
Reading Light (1)					
Television (1)					
Watch (1)					

OTHER PROPERTY (LIST QUANTITY OF EACH)

<input type="checkbox"/> Air Mattress (1) or Mattress w/ integrated pillow (1)	<input type="checkbox"/> Insulated Underwear Bottom (2)	<input type="checkbox"/> Spoon (1)
<input type="checkbox"/> Arts/Crafts/Paper	<input type="checkbox"/> Insulated Underwear Top (2)	<input type="checkbox"/> State Issue Scrub Pants (3-4)
<input type="checkbox"/> Athletic Shoes (1)	<input type="checkbox"/> Laundry Bag (1)	<input type="checkbox"/> State Issue Scrub Shirt (3-4)
<input type="checkbox"/> Athletic Supporters (1-2)	<input type="checkbox"/> Legal Material (1 cubic foot)	<input checked="" type="checkbox"/> Sweat Pants (2) <i>new</i>
<input type="checkbox"/> Barrettes** (5)	<input type="checkbox"/> Linens (1 set)	<input type="checkbox"/> Sweat Shirt (2)
<input type="checkbox"/> Baseball/Stocking Cap (1-2)	<input type="checkbox"/> Makeup Bag** (1)	<input type="checkbox"/> T-Shirt, Commemorative (1)
<input type="checkbox"/> Bath Towels (3)	<input type="checkbox"/> Medicine (KOP) i.e., Nitroglycerin, inhaler	<input type="checkbox"/> T-Shirt, State Issue (1)
<input type="checkbox"/> Bathrobe* (1)	<input type="checkbox"/> Necklace (1)	<input type="checkbox"/> T-Shirt, (5-7) Maximum of 7 T-shirts allowed
<input type="checkbox"/> Bowl with Lid (1)	<input type="checkbox"/> Nicotine Patches (1 Series)	<input type="checkbox"/> Toothbrush Cap (1)
<input type="checkbox"/> Bras** (7)	<input type="checkbox"/> Inmate ID (1)	<input type="checkbox"/> Tweezers** (1)
<input type="checkbox"/> Briefs/Boxer Shorts*** (7)	<input type="checkbox"/> Panties** (7)	<input type="checkbox"/> Wallet (1) (community corrections only)
<input type="checkbox"/> Brush/Comb/Pick (1-2)	<input type="checkbox"/> Personal hygiene items/cosmetics (base, lipstick, mascara)	<input type="checkbox"/> Washcloths (3)
<input type="checkbox"/> Can Opener (1)	<input type="checkbox"/> Personal Jeans (5)	ADDITIONAL PROPERTY:
<input type="checkbox"/> Coat (1) or (3)****	<input type="checkbox"/> Personal Shirts (5)	
<input type="checkbox"/> Combination Padlocks (2)	<input type="checkbox"/> Photo Album (1)	
<input type="checkbox"/> Denture Cup (1)	<input type="checkbox"/> Picture Frame (8"x10") (1)	
<input type="checkbox"/> Disposable Razor (1-5)	<input type="checkbox"/> Pillow (1)	
<input type="checkbox"/> Earrings** (2)	<input type="checkbox"/> Plastic Coffee Cup (1)	
<input type="checkbox"/> Electrical Power Bar (1)	<input type="checkbox"/> Plastic Drinking Cup (1)	
<input type="checkbox"/> Electronic Game (1)	<input type="checkbox"/> Playing Cards (1 Set)	
<input type="checkbox"/> Emery Boards** (2)	<input type="checkbox"/> Postage Stamps (20)	
<input type="checkbox"/> Fingernail Clippers (1)	<input type="checkbox"/> Ring (1 plain wedding band—no stones)	
<input type="checkbox"/> Footwear (1) [if no athletic shoes]	<input type="checkbox"/> Sewing Kit (1)	
<input type="checkbox"/> Gym/Walking Shorts (1-2)	<input type="checkbox"/> Shower Shoes or Rubber/Plastic Clogs (1)	
<input type="checkbox"/> Hair Bands (5)	<input type="checkbox"/> Sleepwear** (2)	
<input type="checkbox"/> Hair Clip** (1)	<input type="checkbox"/> Slip** (1)	
<input type="checkbox"/> Hair Rollers** (20)	<input type="checkbox"/> Soap Dish (1)	
<input type="checkbox"/> Headsets (2)	<input type="checkbox"/> Socks (7)	
<input type="checkbox"/> Ice Bucket		

*Females and special needs/geriatric only

**Females only

***Males Only

****HWH Only

I understand that unauthorized property listed above must be mailed at my own expense within 30 days from today or that property must be picked up by the person I have indicated within 30 days. If the authorized person does not pick it up, I understand that the property will be donated or destroyed by the Oklahoma Department of Corrections.

I acknowledge that I am responsible for all personal property recorded on my property form to include additions and deletions as well as property issued by the state and that the facility will only accept responsibility for items inventoried and secured by facility staff.

I further understand that the property form, including any additions, is considered to be the complete accounting of the personal property in my possession. All other items will be considered contraband and disposed of in accordance with current procedures, OP-040109 entitled "Control of Contraband and Physical Evidence." I am subject to disciplinary action for possession of contraband.

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Transfer: The undersigned states this inventory includes all personal effects and property, including legal materials, and that he/she has not left any authorized personal property at (Facility) _____, and that all personal effects and property are undamaged and electrical appliances are in working order.

Inmate Signature _____ Date _____

Inventory Officer _____ Date _____

Witness _____ Date _____

Receipt: The undersigned states that the duffel bag and all cardboard boxes were received undamaged and that the security seal was unbroken.

Inmate Signature _____ Date _____

Inventory Officer _____ Date _____

Witness _____ Date _____

Witness _____
Date _____

OTHER PROPERTY (LIST QUANTITY OF EACH)

Allowable Religious Objects/Symbols (as specified in OP-030112):

TRANS TO LCF-17
77
AC

OKLAHOMA DEPARTMENT OF CORRECTIONS
INMATE PROPERTY INVENTORY FORM

Duffel Bag Security Seal Number 9120061

Date 5-24-17
640457
Inmate's DOC Number

Facility DCCC
Inmate's Name (Last) Clark (First) David (Middle Initial)

Reason for Inventory:

Reception _____ From _____ Release _____ Type _____
Transfer _____ To _____ Extended Absence _____ To _____
Escape _____ Segregation _____ Number of Boxes 1 Bag

Unauthorized/Excess Property To Be Mailed or Released To:

Name _____ Street _____
City/State: _____ Zip: _____ Phone: _____

Description of Unauthorized/Excess Property: _____

Allowable Religious Objects/Symbols (as specified in OP-030112)

From SHU
Bible, e-books
address book, letters
Soap Dish

QUANTITY	CONDITION	MAKE	MODEL	COLOR	SERIAL NUMBER
Clock (1)					
Curling Iron, etc.** (1)					
Electric Razor or Beard Trimmer (1)					
Fan (1)					
Hair Dryer (1)					
Hot Pot (1)					
MP3 Player (1)					
Radio or Clock Radio (1)					
Reading Light (1)					
Television (1)					
Watch (1)					

Address Book
Air Mattress (1) or mattress with integrated pillow (1)
Arts/Crafts/Paper Color pencils
Athletic Shoes (1) Wint. boots
Athletic Supporters (1-2) Pens
Barrettes** (5)
Baseball/Stocking Cap (1-2) Canteen Bag
Bath Towels (3) Fly swatter
Bathrobe* (1)
Bowl with Lid (1)
Bras** (7) Backs
Briefs/Boxer Shorts*** (7)
Brush/Comb/Pick (1-2)
Can Opener (1)
Coat (1) or (3)****
Combination Padlocks (2)
Denture Cup (1)
Disposable Razor (1-5)
Earrings** (2)
Electrical Power Bar (1)
Electronic Game (1)
Emery Boards** (2)
Fingernail Clippers (1)
Footwear (1) [if no athletic shoes]

OTHER PROPERTY (LIST QUANTITY OF EACH)
Gym/Walking Shorts (1-2) Calendar
Hair Bands (5)
Hair Clip** (1) Magazines
Hair Rollers** (20)
Headsets (2)
Ice Bucket
Insulated Underwear (0-2)
Laundry Bag (1)
Legal Material (1 cubic foot)
Linens (1 set)
Makeup Bag** (1)
Medicine (KOP) i.e., Nitroglycerin, inhaler
Necklace (1)
Nicotine Patches (1 Series)
Offender ID (1)
Panties** (7) Pants
Personal hygiene items/cosmetics (base, lipstick, mascara)
Personal Jeans (5)
Personal Shirts (5)
Insulated Underwear (2 sets)
Photo Album (1)
Picture Frame (8"x10") (1)

grey long sleeve
Pillow (1)
Plastic Coffee Cup (1)
Plastic Drinking Cup (1)
Playing Cards (1 Set)
Postage Stamps (20)
Ring (1 plain wedding band - no stones)
Sewing Kit (1)
Shower Shoes or Rubber/Plastic Clogs (1)
Sleepwear** (2)
Slip** (1)
Soap Dish (1)
Socks (7)
Spoon (1)
State Issue Scrub Pants (3-4)
State Issue Scrub Shirt (3-4)
Sweat-suits (1-2) Pants
Toothbrush Cap (1)
T-Shirt, Commemorative (1)
T-Shirt, State Issue (1)
T-Shirt, (5-7) Note: Maximum of 7 T-shirts allowed
Tweezers** (1)
Wallet (1) (community corrections only)
Washcloths (3)

*Females and special needs/geriatric only **Females only ***Males only ****HWH only

I understand that unauthorized property listed above must be mailed at my own expense within 30 days from today or that property must be picked up by the person I have indicated within 30 days. If the authorized person does not pick it up, I understand that the property will be donated or destroyed by the Oklahoma Department of Corrections.

I acknowledge that I am responsible for all personal property recorded on my property form to include additions and deletions as well as property issued by the state and that the facility will only accept responsibility for items inventoried and secured by facility staff.

I further understand that the property form, including any additions, is considered to be the complete accounting of the personal property in my possession. All other items will be considered contraband and disposed of in accordance with current procedures, OP-040109 entitled "Control of Contraband and Physical Evidence." I am subject to disciplinary action for possession of contraband.

Inmates who are transferred from one prison to another assume the risk of alleged damage to property the inmate packs and/or carries to a transportation vehicle. The department assumes no liability for the welfare of any inmate's property packed by any person and placed in a transportation vehicle.

I REALIZE THAT I BRING ANY (AUTHORIZED) PERSONAL PROPERTY INTO THE FACILITY AT MY OWN RISK

Transfer: The undersigned states this inventory includes all personal effects and property, including legal materials, and that he/she has not left any authorized personal property at (Facility) _____ and that all personal effects and property are undamaged and electrical appliances are in working order.

Inmate Signature David Clark Date 6-7-17
Inventory Officer J. Alongi Date 5-24-17
Witness _____ Date _____

Receipt: The undersigned states that the duffel bag and all cardboard boxes were received undamaged and that the security seal was unbroken.

Inmate Signature _____ Date _____
Inventory Officer _____ Date _____
Witness _____ Date _____

OKLAHOMA DEPARTMENT OF CORRECTIONS
INMATE PROPERTY INVENTORY FORM

Duffel Bag Security Seal Number _____

Date 6-25-18
640457
Inmate's DOC Number _____
Print Inmate's Name (Last) (First) (Middle Initial) Clark, David
Reason for Inventory _____
Reception _____ From _____ Release _____ Type _____
Transfer _____ To _____ Extended Absence _____ To _____
Escape _____ Segregation _____ Number of Boxes _____
Unauthorized/Excess Property To Be mailed or Released To:
Name _____ Street _____
City/State _____ Zip _____ Phone _____
Description of Unauthorized/Excess Property: _____
Allowable Religious Objects/Symbols (as specified in OP-030112): Bible (1)

QUANTITY	CONDITION	MAKE	MODEL	COLOR	SERIAL NUMBER
Clock (1)					
Curling Iron, etc. (1)					
Electric Razor or Beard Trimmer (1)					
Fan (1)					
Hair Dryer (1)					
Hot Pot (1)					
MP3 Player (1)					
Radio or Clock Radio (1)					
Reading Light (1)					
Television (1)					
Watch (1)					

OTHER PROPERTY (LIST QUANTITY OF EACH)

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Air Mattress (1) or Mattress w/ integrated pillow (1) | <input checked="" type="checkbox"/> Insulated Underwear Bottom (2) | <input checked="" type="checkbox"/> Spoon (1) |
| <input checked="" type="checkbox"/> Arts/Crafts/Paper | <input checked="" type="checkbox"/> Insulated Underwear Top (2) | <input checked="" type="checkbox"/> State Issue Scrub Pants (3-4) |
| <input checked="" type="checkbox"/> Athletic Shoes (1) | <input checked="" type="checkbox"/> Laundry Bag (1) | <input checked="" type="checkbox"/> State Issue Scrub Shirt (3-4) |
| <input checked="" type="checkbox"/> Athletic Supporters (1-2) | <input checked="" type="checkbox"/> Legal Material (1 cubic foot) | <input checked="" type="checkbox"/> Sweat Pants (2) |
| <input checked="" type="checkbox"/> Barrettes** (5) | <input checked="" type="checkbox"/> Linens (1 set) | <input checked="" type="checkbox"/> Sweat Shirt (2) |
| <input checked="" type="checkbox"/> Baseball/Stocking Cap (1-2) | <input checked="" type="checkbox"/> Makeup Bag** (1) | <input checked="" type="checkbox"/> T-Shirt, Commemorative (1) |
| <input checked="" type="checkbox"/> Bath Towels (3) | <input checked="" type="checkbox"/> Medicine (KOP) i.e., Nitroglycerin, inhaler | <input checked="" type="checkbox"/> T-Shirt, State Issue (1) |
| <input checked="" type="checkbox"/> Bathrobe* (1) | <input checked="" type="checkbox"/> Necklace (1) | <input checked="" type="checkbox"/> T-Shirt, (5-7) Maximum of 7 T-shirts allowed |
| <input checked="" type="checkbox"/> Bowl with Lid (1) | <input checked="" type="checkbox"/> Nicotine Patches (1 Series) | <input checked="" type="checkbox"/> Toothbrush Cap (1) |
| <input checked="" type="checkbox"/> Bras** (7) | <input checked="" type="checkbox"/> Inmate ID (1) | <input checked="" type="checkbox"/> Tweezers** (1) |
| <input checked="" type="checkbox"/> Briefs/Boxer Shorts*** (7) | <input checked="" type="checkbox"/> Panties ** (7) | <input checked="" type="checkbox"/> Wallet (1) (community corrections only) |
| <input checked="" type="checkbox"/> Brush/Comb/Pick (1-2) | <input checked="" type="checkbox"/> Personal hygiene items/cosmetics (base, lipstick, mascara) | <input checked="" type="checkbox"/> Washcloths (3) |
| <input checked="" type="checkbox"/> Can Opener (1) | <input checked="" type="checkbox"/> Personal Jeans (5) | |
| <input checked="" type="checkbox"/> Coat (1) or (3)*** | <input checked="" type="checkbox"/> Personal Shirts (5) | |
| <input checked="" type="checkbox"/> Combination Padlocks (2) | <input checked="" type="checkbox"/> Photo Album (1) | |
| <input checked="" type="checkbox"/> Denture Cup (1) | <input checked="" type="checkbox"/> Picture Frame (8"x10") (1) | |
| <input checked="" type="checkbox"/> Disposable Razor (1-5) | <input checked="" type="checkbox"/> Pillow (1) | |
| <input checked="" type="checkbox"/> Earrings** (2) | <input checked="" type="checkbox"/> Plastic Coffee Cup (1) | |
| <input checked="" type="checkbox"/> Electrical Power Bar (1) | <input checked="" type="checkbox"/> Plastic Drinking Cup (1) | |
| <input checked="" type="checkbox"/> Electronic Game (1) | <input checked="" type="checkbox"/> Playing Cards (1 Set) | |
| <input checked="" type="checkbox"/> Emery Boards** (2) | <input checked="" type="checkbox"/> Postage Stamps (20) | |
| <input checked="" type="checkbox"/> Fingernail Clippers (1) | <input checked="" type="checkbox"/> Ring (1 plain wedding band—no stones) | |
| <input checked="" type="checkbox"/> Footwear (1) [if no athletic shoes] | <input checked="" type="checkbox"/> Sewing Kit (1) | |
| <input checked="" type="checkbox"/> Gym/Walking Shorts (1-2) | <input checked="" type="checkbox"/> Shower Shoes or Rubber/Plastic Clogs (1) | |
| <input checked="" type="checkbox"/> Hair Bands (5) | <input checked="" type="checkbox"/> Sleepwear** (2) | |
| <input checked="" type="checkbox"/> Hair Clip** (1) | <input checked="" type="checkbox"/> Slip** (1) | |
| <input checked="" type="checkbox"/> Hair Rollers** (20) | <input checked="" type="checkbox"/> Soap Dish (1) | |
| <input checked="" type="checkbox"/> Headsets (2) | <input checked="" type="checkbox"/> Socks (7) | |
| <input checked="" type="checkbox"/> Ice Bucket | | |

*Females and special needs/geriatric only

**Females only

*** Males Only

****HWH Only

I understand that unauthorized property listed above must be mailed at my own expense within 30 days from today or that property must be picked up by the person I have indicated within 30 days. If the authorized person does not pick it up, I understand that the property will be donated or destroyed by the Oklahoma Department of Corrections.

I acknowledge that I am responsible for all personal property recorded on my property form to include additions and deletions as well as property issued by the state and that the facility will only accept responsibility for items inventoried and secured by facility staff.

I further understand that the property form, including any additions, is considered to be the complete accounting of the personal property in my possession. All other items will be considered contraband and disposed of in accordance with current procedures, OP-040109 entitled "Control of Contraband and Physical Evidence." I am subject to disciplinary action for possession of contraband.

Inmates who are transferred from one prison to another assume the risk of alleged damage to property the inmate packs and/or carries to a transportation vehicle. The department assumes no liability for the welfare of any inmate's property packed by or placed in a transportation vehicle by any person other than facility staff.

I REALIZE THAT I BRING ANY (AUTHORIZED) PERSONAL PROPERTY INTO THE FACILITY AT MY OWN RISK.

Transfer: The undersigned states this inventory includes all personal effects and property, including legal materials, and that he/she has not left any authorized personal property at (Facility) _____, and that all personal effects and property are undamaged and electrical appliances are in working order.

Inmate Signature David Clark Date 6-25-18
Inventory Officer Carl Russell Date 6-25-18
Witness _____ Date _____
Receipt: The undersigned states that the duffel bag and all cardboard boxes were received undamaged and that the security seal was unbroken.
Inmate Signature _____ Date _____
Inventory Officer _____ Date _____
Witness _____ Date _____

RECEIVED

Must Be Submitted Through the Law Library or Designee
Inmate/Offender Grievance Process

DEC 12 2018

REQUEST TO STAFF

TO: Mr. Braggs Warden FACILITY/DIST/UNIT: L.C.C. DATE: 12/11/18
(NAME AND TITLE OF STAFF MEMBER)

LCC/LARC

Law Library

I have have not X already submitted a "Request to Staff" or grievance on this same issue.

If yes, what date: facility: grievance #:

I affirm that I do do not X have a grievance pending on this issue.

I affirm that I do do not X have a lawsuit of any type pending that relates in any way to this issue.

If a lawsuit is pending, indicate case number and court:

This request does X does not relate to a pending misconduct report. If it does, this request may only be answered by the disciplinary coordinator assigned to the misconduct.

SUBJECT: State completely, but briefly, the problem on which you desire assistance. This statement must be specific as to the complaint, dates, places, personnel involved, and how you were affected. One issue or incident per "Request to Staff." Your failure to specifically state your problem may result in this being returned unanswered.

I have a complaint against these lies made against me and so forth. I want this issue resolve A.S.A.P. because I did nothing wrong. Please and Thank You.

(USE OTHER SIDE IF MORE SPACE IS NEEDED. DO NOT ATTACH ADDITIONAL PAGES.)

ACTION REQUESTED: State exactly how you believe your request may be handled; that is, what exactly should be done and how.

I want this resolve so I can either have my job back with some else or so I can move on to some else but I did my job the best I could until he lied on me. Please and Thank You.

NAME: David Clark (PRINT) DOC NUMBER: 640457 UNIT & CELL NUMBER: SHU 108

SIGNATURE: David Clark WORK ASSIGNMENT:

DO NOT WRITE BELOW THIS LINE

DISPOSITION:

your case is being reviewed by the office of discipline and apprehension.

STAFF MEMBER

DATE

Entered / Answered

DEC 21 2018

Date response sent to inmate:

1. Original to file
2. Copy to inmate/offender

LCC/LARC
DOC 09012407

Grievance Response from Reviewing Authority


Offender Name:	<u>Clark, David</u>	DOC Number:	<u>640457</u>
Receipt Date:	<u>11/13/17</u>	Grievance Code:	<u>08</u>
		Grievance Number:	<u>1092-17</u>

1. Discrimination	3. Complaint Against Staff	5. Disciplinary Process	7. Medical	9. Records/Sentence Administration
2. Classification	4. Condition of Confinement	6. Legal	8. Property	10. Religion

Response: I/M Clark, David 640457, your grievance has been reviewed. You requested to have your shoes replaced.

**A review of your property file revealed you arrived at the facility on 7/7/17. No white Courtline shoes are notated on your property list. You signed for this list on 7/7/17.
A copy of your property list is attached.**

Relief: Denied

Reviewing Authority- Facility Health Services Admin (medical issues)	Date
	<u>NOV 20 2017</u>

Reviewing Authority- Facility/Unit Head	Date
---	------

I have received the original of the response and all paperwork submitted to the reviewing authority.

Signature of Grievant	Date
<u>C/O [Signature]</u>	<u>11-21-17</u>
Signature of Staff Witness	Date

You may appeal to the director or chief medical officer or designee at Department of Corrections, P.O. Box 11400, Oklahoma City, OK 73136-0400, within 15 calendar days of receipt of response using only DOC Form 060125V entitled "Misconduct/Grievance Appeal Form To Administrative Review Authority." Do not send this response to the director or chief medical officer.

1. Original to file
2. Copy to offender

OKLAHOMA DEPARTMENT OF CORRECTIONS
OFFENDER PROPERTY INVENTORY FORM

Duffel Bag Security Seal Number _____

Date 7-7-17
640457Facility LCF
Print Offender's Name (Last) Clark, (First) David (Middle Initial) _____

Reason for Inventory:

Reception	From	Release	Type
Transfer	To	Extended Absence	To
Escape		Segregation	Number of Boxes

Unauthorized/Excess Property To Be Mailed or Released To:

Name	Street
City/State:	Zip: Phone:

Description of Unauthorized/Excess Property:

1 flyswatter, plastic hangers, 1 belt, 1 box hobby craft materials
1 holder of colored pencils, 1 hobby craft scarf, 1 canteen bag, 1 paper folder, 1 ruler
1 bottle glue, 1 container pens, pencils, and markers, 1 magazine, 2 paper back books, 1 pair
black shoes, 1 baseball hat altered, 1 bottle oil, 1 plastic jar with sewing kit
 Allowable Religious Objects/Symbols (as specified in OP-030112) 1 wood cross, 2 bibles **DONATE**

QUANTITY	CONDITION	MAKE	MODEL	COLOR	SERIAL NUMBER
Clock (1)					
Curling Iron, etc** (1)					
Electric Razor or Beard Trimmer (1)					
Fan (1)					
Hair Dryer (1)					
Hot Pot (1)					
MP3 PLAYER (1)					
Radio or Clock Radio (1)					
Reading Light (1)					
Television (1)					
Watch (1)					

1 box envelopes
1 bundle personal papers/ mail

_____ Air Mattress (1) or mattress with integrated pillow (1)
 _____ Arts/Crafts/Paper
 _____ Athletic Shoes (1)
 _____ Athletic Supporters (1-2)
 _____ Barrettes** (5)
1 _____ Baseball/Stocking Cap (1-2)
 _____ Bath Towels (3)
 _____ Bathrobe* (1)
1 _____ Bowl with Lid (1)
 _____ Bras** (7)
2 _____ Briefs/Boxer Shorts*** (7)
1 _____ Brush/Comb/Pick (1-2)
 _____ Can Opener (1)
 _____ Coat (1) or (3)****
 _____ Combination Padlocks (2)
1 _____ Denture Cup (1)
 _____ Disposable Razor (1-5)
 _____ Earrings** (2)
 _____ Electrical Power Bar (1)
 _____ Electronic Game (1)
 _____ Emery Boards** (2)
 _____ Fingernail Clippers (1)
 _____ Footwear (1) [if no athletic shoes]

OTHER PROPERTY (LIST QUANTITY OF EACH)

2 paper back books
1 small container coffee
 _____ Gym/Walking Shorts (1-2)
 _____ Hair Bands (5)
 _____ Hair Clip** (1)
 _____ Hair Rollers** (20)
 _____ Headsets (2)
 _____ Ice Bucket
 _____ Insulated Underwear (0-2)
1 _____ Laundry Bag (1)
 _____ Legal Material (1 cubic foot)
 _____ Linens (1 set)
 _____ Makeup Bag** (1)
 _____ Medicine (KOP) i.e., Nitroglycerin, inhaler
 _____ Necklace (1)
 _____ Nicotine Patches (1 Series)
 _____ Offender ID (1)
 _____ Panties** (7)
1 _____ Personal hygiene items/cosmetics (base, lipstick, mascara)
 _____ Personal Jeans (5)
 _____ Personal Shirts (5)
1 _____ Insulated Underwear (2 sets)
 _____ Photo Album (1)
 _____ Picture Frame (8"x10") (1)
 _____ Pillow (1)

1 mirror
2 pencils

_____ Plastic Coffee Cup (1)
 _____ Plastic Drinking Cup (1)
 _____ Playing Cards (1 Set)
 _____ Postage Stamps (20)
 _____ Ring (1 plain wedding band - no stones)
 _____ Sewing Kit (1)
 _____ Shower Shoes or Rubber/Plastic Clogs (1)
 _____ Sleepwear** (2)
 _____ Slip** (1)
1 _____ Soap Dish (1)
6 _____ Socks (7)
2 _____ Spoon (1) 1 fork
 _____ State Issue Scrub Pants (3-4)
 _____ State Issue Scrub Shirt (3-4)
1 _____ Sweatsuits (1-2) bottoms
 _____ T-Shirt, Commemorative (1)
 _____ T-Shirt, State Issue (1)
1 _____ T-Shirt, (5-7) Note: Maximum of 7 T-shirts allowed
1 _____ Toothbrush Cap (1)
 _____ Tweezers** (1)
 _____ Wallet (1) (community corrections only)
 _____ Washcloths (3)

1 thermal top
 ****HWH only

*Females and special needs/geriatric only

**Females only

***Males Only

2 notepads

I understand that unauthorized property listed above must be mailed at my own expense within 30 days from today or that property must be picked up by the person I have indicated within 30 days. If the authorized person does not pick it up, I understand that the property will be donated or destroyed by the Oklahoma Department of Corrections.

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I further understand that the property form, including any additions, is considered to be the complete accounting of the personal property in my possession. All other items will be considered contraband and disposed of in accordance with current policy.

Allowable Religious Objects/Symbols (as specified in OP-030112)

wood cross, 2 bibles

DONATE

X Daniel Clark

QUANTITY	CONDITION	MAKE	MODEL	COLOR	SERIAL NUMBER
Clock (1)					
Curling Iron, etc** (1)					
Electric Razor or Beard Trimmer (1)					
Fan (1)					
Hair Dryer (1)					
Hot Pot (1)					
MP3 PLAYER (1)					
Radio or Clock Radio (1)					
Reading Light (1)					
Television (1)					
Watch (1)					

1 box envelopes
1 bundle personal papers/ mail2 paperback books
OTHER PROPERTY (LIST QUANTITY OF EACH)
1 small container coffee1 mirror
2 pencils

Air Mattress (1) or mattress with integrated pillow (1)
 Arts/Crafts/Paper
 Athletic Shoes (1)
 Athletic Supporters (1-2)
 Barrettes** (6)
 Baseball/Stocking Cap (1-2)
 Bath Towels (3)
 Bathrobe* (1)
 Bowl with Lid (1)
 Bras** (7)
 Briefs/Boxer Shorts*** (7)
 Brush/Comb/Pick (1-2)
 Can Opener (1)
 Coat (1) or (3)****
 Combination Padlocks (2)
 Denture Cup (1)
 Disposable Razor (1-5)
 Earrings** (2)
 Electrical Power Bar (1)
 Electronic Game (1)
 Emery Boards** (2)
 Fingernail Clippers (1)
 Footwear (1) [if no athletic shoes]

Gym/Walking Shorts (1-2)
 Hair Bands (5)
 Hair Clip** (1)
 Hair Rollers** (20)
 Headsets (2)
 Ice Bucket
 Insulated Underwear (0-2)
 Laundry Bag (1)
 Legal Material (1 cubic foot)
 Linens (1 set)
 Makeup Bag** (1)
 Medicine (KOP) i.e., Nitroglycerin, inhaler
 Necklace (1)
 Nicotine Patches (1 Series)
 Offender ID (1)
 Panties** (7)
 Personal hygiene items/cosmetics (base, lipstick, mascara)
 Personal Jeans (5)
 Personal Shirts (5)
 Insulated Underwear (2 sets)
 Photo Album (1)
 Picture Frame (8"x10") (1)
 Pillow (1)

Plastic Coffee Cup (1)
 Plastic Drinking Cup (1)
 Playing Cards (1 Set)
 Postage Stamps (20)
 Ring (1 plain wedding band - no stones)
 Sewing Kit (1)
 Shower Shoes or Rubber/Plastic Clogs (1)
 Sleepwear** (2)
 Slip** (1)
 Soap Dish (1)
 Socks (7)
 Spoon (1) Fork
 State Issue Scrub Pants (3-4)
 State Issue Scrub Shirt (3-4)
 Sweatsuits (1-2) bottoms
 T-Shirt, Commemorative (1)
 T-Shirt, State Issue (1)
 T-Shirt, (5-7) Note: Maximum of 7 T-shirts allowed
 Toothbrush Cap (1)
 Tweezers** (1)
 Wallet (1) (community corrections only)
 Washcloths (3)

*Females and special needs/geriatric only

**Females only

***Males Only

****HWH only

2 notepads

I understand that unauthorized property listed above must be mailed at my own expense within 30 days from today or that property must be picked up by the person I have indicated within 30 days. If the authorized person does not pick it up, I understand that the property will be donated or destroyed by the Oklahoma Department of Corrections.

I acknowledge that I am responsible for all personal property recorded on my property form to include additions and deletions as well as property issued by the state and that the facility will only accept responsibility for items inventoried and secured by facility staff.

I further understand that the property form, including any additions, is considered to be the complete accounting of the personal property in my possession. All other items will be considered contraband and disposed of in accordance with current procedures, OP-040109 entitled "Control of Contraband and Physical Evidence." I am subject to disciplinary action for possession of contraband.

Offenders who are transferred from one prison to another assume the risk of alleged damage to property the offender packs and/or carries to a transportation vehicle. The department assumes no liability for the welfare of any offender's property packed by or placed in a transportation vehicle by any person other than facility staff.

I REALIZE THAT I BRING ANY (AUTHORIZED) PERSONAL PROPERTY INTO THE FACILITY AT MY OWN RISK.

Transfer: The undersigned states this inventory includes all personal effects and property, including legal materials, and that he/she has not left any authorized personal property at (Facility) LCE, and that all personal effects and property are undamaged and electrical appliances are in working order.

Daniel Clark 7-7-17
Offender Signature Date

Clo Brannon 7-7-17
Inventory Officer Date

Witness Date

Receipt: The undersigned states that the duffel bag and all cardboard boxes were received undamaged and that the security seal was unbroken.

Offender Signature Date

Inventory Officer Date

Witness Date

DISTRIBUTION:

White - Property Officer's File Yellow - Field File Pink - Offender Gold - Property Box

DOC 030120A (R 3/13)

INMATE/OFFENDER GRIEVANCE

Grievance no. 1098-17Grievance code: 08

Response due: _____

DO NOT WRITE ABOVE THIS LINE

Date 11-8-17Facility or District Lawton Correctional FacilityName David Clark
(Print)Facility Housing Unit Seg. B 102ODOC Number 640457

Date "Request to Staff" response received: _____

Have you previously submitted a grievance on this same issue? Y If yes, what date 10-29-17 facility L.C.F. grievance # 17-1063. You must submit this completed original within 15 days of the receipt of the response to the "Request to Staff". The "Request to Staff" must have been submitted within 7 days of the incident. Do not include/attach anything to this grievance except the "Request to Staff" including the response. You may quote from or make reference to statutes, operations, field, or administrative memoranda, department publications (time sheets, inventory forms, assessments, etc.). You will be permitted only one opportunity to correct any error(s) made in submitting your grievance.

1. The nature of your complaint. This statement must be specific as to the complaint, dates, places, personnel involved, and how you were affected. One issue or incident per grievance. Use backside of this page only, if necessary. On July 7, 2017, I wore a pair of white Courtline shoes over to this facility and the filling sheet here. I went to seg. on July 21, 2017 and when I got out on Sept. 14, 2017 I notice that my shoes was not with it. I did not come here barefoot. Ms. Calhoun was on vacation at that time.
2. Informal action taken (including dates) to resolve the complaint, as well as the names of those employees from whom you sought an answer to your grievance. I have talked to the C/O on house 6 and he called seg. and someone told him it went to property. I have talked to Sargeant Nichols and he said they have talked to property once a week and sent to property. I did not come here with them and she told me that I me through the C/O and Sargeant about getting sent to property and she said they just said that to leave them alone. I have talked to Lt. Ellington and he told me to send him a request. I have talked never heard back from him. I made another request to staff and
3. The action you believe the reviewing authority may lawfully take. I want my white Courtline shoes replaced of equal value of \$60.00

Grievance report sent to (warden/district supervisor/correctional health services administrator):

Hector RiosWarden

Name

Title

David Clark11-9-17

Signature of Grievant

Date Sent to Reviewing Authority

RECEIVED

NOV 13 2017

1. Original to file
2. Copy to inmate/offender

NOV 09 2017

GRIEVANCES & APPEALS

LCF LAW LIBRARY

I have did all this during the ~~the~~ time I got out of seg. from Sept. 18, 2017 through Sept. 22, 2017 and went back to seg. on Sept. 24, 2017.

RECEIVED

Must Be Submitted Through the Law Library or Designee

SEP 21 2017

Inmate/Offender Grievance Process

LCF LAW LIBRARY

REQUEST TO STAFF

TO: 413 Lt. MeadeFACILITY/DIST/UNIT: LCFDATE: 9-21-17

(NAME AND TITLE OF STAFF MEMBER)

I have ___ have not X already submitted a "Request to Staff" or grievance on this same issue.

If yes, what date: ___ facility: ___ grievance #: ___

I affirm that I do ___ do not X have a grievance pending on this issue.I affirm that I do ___ do not X have a lawsuit of any type pending that relates in any way to this issue.

If a lawsuit is pending, indicate case number and court: ___

This request ___ does X does not relate to a pending misconduct report. If it does, this request may only be answered by the disciplinary coordinator assigned to the misconduct.

SUBJECT: State completely, but briefly, the problem on which you desire assistance. This statement must be specific as to the complaint, dates, places, personnel involved, and how you were affected. One issue or incident per "Request to Staff." Your failure to specifically state your problem may result in this being returned unanswered.

I went to seg. on July 21, 2017 and got out on Sept. 14, 2017 and my shoes was not with my property. I have spoken to property and they do not know where they are.

(USE OTHER SIDE IF MORE SPACE IS NEEDED. DO NOT ATTACH ADDITIONAL PAGES.)

ACTION REQUESTED: State exactly how you believe your request may be handled; that is, what exactly should be done and how.

I would like your help to locate them or have them replaced. Please and Thank You.

NAME: David Clark

(PRINT)

DOC NUMBER: 640457 UNIT & CELL NUMBER: 6-B-210SIGNATURE: David ClarkWORK ASSIGNMENT: N/A

DO NOT WRITE BELOW THIS LINE

DISPOSITION:

I WAS NOT ABLE TO LOCATE THEM. START THE GRIEVANCE PROCEDURE.

STAFF MEMBER

DATE

Date response sent to inmate: ___

1. Original to file
2. Copy to inmate/offender

DELIVERED OCT 20 2017

COPY
DOC 090124D (R 9/16)

Docket

Date	Code	Description	Count	Party	Amount
05-20-2010	TEXT	CRIMINAL FELONY INITIAL FILING. Pursuant to 12 O.S. § 39, Document Available at Court Clerk's Office	1	CLARK, DAVID GEORGE	
05-20-2010	INFORMATION	DEFENDANT DAVID GEORGE CLARK WAS CHARGED WITH COUNT #1, LEWD MOLESTATION IN VIOLATION OF 21 O.S. 1123	1	CLARK, DAVID GEORGE	
05-20-2010	INFORMATION	DEFENDANT DAVID GEORGE CLARK WAS CHARGED WITH COUNT #2, ATTEMPTED RAPE - FIRST DEGREE IN VIOLATION OF 21 O.S. 1115	2	CLARK, DAVID GEORGE	
05-20-2010	INFORMATION	DEFENDANT DAVID GEORGE CLARK WAS CHARGED WITH COUNT #3, KIDNAPPING IN VIOLATION OF 21 O.S. 741	3	CLARK, DAVID GEORGE	
05-20-2010	CTARRPL	MOODY, DAWN: DEFENDANT PRESENT, IN CUSTODY AND REPRESENTED BY PUBLIC DEFENDER. ARRAIGNMENT HELD. DEFENDANT WAIVES READING OF THE INFORMATION AND FURTHER TIME TO PLEAD. DEFENDANT ENTERS A PLEA OF NOT GUILTY. PRELIMINARY HEARING SET FOR 6-11-10 AT 9AM IN ROOM 344. BOND SET IN THE AMOUNT OF CT1: \$50,000 CT2: \$50,000 CT3: \$50,000; DEFENDANT REMANDED TO CUSTODY.		CLARK, DAVID GEORGE	
05-20-2010	DAINS	DISTRICT ATTORNEY INSPECTION NOTIFICATION Pursuant to 12 O.S. § 39, Document Available at Court Clerk's Office		CLARK, DAVID GEORGE	
05-20-2010	PA	PAUPER'S AFFIDAVIT Pursuant to 12 O.S. § 39, Document Available at Court Clerk's Office		CLARK, DAVID GEORGE	

05-20-2010	TEXT	OCIS HAS AUTOMATICALLY ASSIGNED JUDGE CF B DOCKET TO THIS CASE.		
05-25-2010	AFPCA	AFFIDAVIT & FINDING OF PROBABLE CAUSE T.R.A.C.I.S. (ARRESTED) Pursuant to 12 O.S. § 39, Document Available at Court Clerk's Office	CLARK, DAVID GEORGE	
05-26-2010	RETCO	RETURN COMMITMENT Pursuant to 12 O.S. § 39, Document Available at Court Clerk's Office	CLARK, DAVID GEORGE	
06-09-2010	ADISC	ACKNOWLEDGEMENT OF RECEIPT OF DISCOVERY Pursuant to 12 O.S. § 39, Document Available at Court Clerk's Office	CLARK, DAVID GEORGE	
06-11-2010	CTPASS	CLARK, STEPHEN: DEFENDANT PRESENT, IN CUSTODY AND REPRESENTED BY CHRIS GAULT, PD. STATE REPRESENTED BY COURTNEY CAIN. ORDER SIGNED AND FILED FOR HEARING ON COMPETENCY. NO ISSUE HEARING PASSED TO 6/18/10, 9 AM, ROOM 344 FOR SERVICE. BOND TO REMAIN; DEFENDANT REMANDED TO CUSTODY .	CLARK, DAVID GEORGE	
06-14-2010	CTFREE	JUDGE STEPHEN CLIARK: NOTICE OF HEARING SIGNED.	CLARK, DAVID GEORGE	
06-14-2010	RTSUB\$	RETURN SUBPOENA Pursuant to 12 O.S. § 39, Document Available at Court Clerk's Office	CLARK, DAVID GEORGE	\$50.00
06-14-2010	OCISR	OKLAHOMA COURT INFORMATION SYSTEM REVOLVING FUND	CLARK, DAVID GEORGE	\$25.00
06-15-2010	OSH	ORDER SETTING HEARING ON APPLICATION TO DETERMINE COMPETENCY Pursuant to 12 O.S. § 39, Document Available at Court Clerk's Office	CLARK, DAVID GEORGE	
06-15-2010	APLI	APPLICATION FOR DETERMINATION OF COMPETENCY	CLARK, DAVID GEORGE	

06-15-2010	NOH	Pursuant to 12 O.S. § 39, Document Available at Court Clerk's Office NOTICE OF HEARING Pursuant to 12 O.S. § 39, Document Available at Court Clerk's Office	CLARK, DAVID GEORGE	
06-17-2010	NOH	NOTICE OF HEARING Pursuant to 12 O.S. § 39, Document Available at Court Clerk's Office	CLARK, DAVID GEORGE	
06-18-2010	CTPASS	JUDGE YOULL: DEFENDANT PRESENT, IN CUSTODY, REPRESENTED BY CHRIS GAULT. STATE REPRESENTED BY JULIE DOSS. PRELIMINARY HEARING PASSED TO 7/2/2010 AT 9AM ROOM 344. BOND TO REMAIN. DEFENDANT REMANDED TO CUSTODY. (PROOF OF SERVICE).	CLARK, DAVID GEORGE	
07-02-2010	CTPASS	JUDGE STEPHEN CLARK: DEFENDANT PRESENT, IN CUSTODY, AND REPRESENTED BY BRIAN RAYL PD. STATE REPRESENTED BY COURTNEY CAIN. PRELIMINARY HEARING PASSED TO 8-13-2010 @ 9 AM IN ROOM 344 FOR POST EVALUATION, DEFENDANT SERVED, BOND TO REMAIN. DEFENDANT REMANDED TO CUSTODY.	CLARK, DAVID GEORGE	
07-06-2010	ODOC	ORDER ON HEARING - DETERMINATION OF COMPETENCY Pursuant to 12 O.S. § 39, Document Available at Court Clerk's Office	CLARK, DAVID GEORGE	
07-12-2010	WFPDA	WITNESS FEES PAID BY DISTRICT ATTORNEY ON 6-24-10 Pursuant to 12 O.S. § 39, Document Available at Court Clerk's Office	CLARK, DAVID GEORGE	\$10.00
07-12-2010	WFPDA	WITNESS FEES PAID BY DISTRICT ATTORNEY ON 6-24-10 Pursuant to 12 O.S. § 39, Document Available at Court Clerk's Office	CLARK, DAVID GEORGE	\$10.00

07-20-2010	MHE	MENTAL HEALTH EVALUATION Pursuant to 12 O.S. § 39, Document Available at Court Clerk's Office	CLARK, DAVID GEORGE
08-13-2010	CTPASS	CLARK, STEPHEN: DEFENDANT PRESENT, IN CUSTODY AND REPRESENTED BY CHRIS GAULT, PD. STATE REPRESENTED BY MEREDITH STANTON. PRELIMINARY HEARING ISSUE PASSED BY AGREEMENT TO 9/3/10, 9 AM, ROOM 344 TO GIVE NOTICE TO DHS. BOND TO REMAIN; DEFENDANT REMANDED TO CUSTODY .	CLARK, DAVID GEORGE
09-03-2010	CTPASS	CLARK, STEPHEN: DEFENDANT PRESENT, IN CUSTODY AND REPRESENTED BY CHRIS GAULT, PD. STATE REPRESENTED BY AMANDA PETERSEN FOR COURTNEY CAIN. CASE CALLED FOR POST EVALUATION COMPETENCY HEARING. DEFENDANT FOUND COMPETENT. ALL PARTIES STIPULATE TO REPORT AND THE CONTENTS THEREIN. PRELIMINARY HEARING ISSUE PASSED TO 9/24/10, 9 AM, ROOM 344. BOND TO REMAIN; DEFENDANT REMANDED TO CUSTODY .	CLARK, DAVID GEORGE
09-24-2010	CTPASS	CLARK, STEPHEN: DEFENDANT PRESENT, IN CUSTODY AND REPRESENTED BY BRIAN RAYL, PD, FOR CHRIS GAULT, PD. STATE REPRESENTED BY MEREDITH STANTON FOR COURTNEY CAIN. PRELIMINARY HEARING ISSUE PASSED AT STATE'S REQUEST OVER DEFENSE'S OBJECTION TO 10/1/10, 9 AM, ROOM 344. BOND TO REMAIN; DEFENDANT REMANDED TO CUSTODY .	CLARK, DAVID GEORGE

10-01-2010	CTPRLDCA	JUDGE YOULL: DEFENDANT PRESENT, IN CUSTODY AND REPRESENTED BY CHRIS GAULT. STATE REPRESENTED BY COURTNEY CAIN. COURT REPORTER: CARRIE SLOAN. CASE CALLED FOR PRELIMINARY HEARING. 4 WITNESSES SWORN; DEMURRER OVERRULED. DEFENDANT IS BOUND OVER TO DISTRICT COURT ON 10/11/2010 AT 1:30 PM BEFORE JUDGE GILLERT. BOND TO REMAIN; DEFENDANT REMANDED TO CUSTODY.	CLARK, DAVID GEORGE	
10-01-2010	REQCR	COURT REPORTER FEE AT TRIAL (JURY/NON-JURY/PRELIMINARY)	CLARK, DAVID GEORGE	\$20.00
10-01-2010	OCISR	OKLAHOMA COURT INFORMATION SYSTEM REVOLVING FUND	CLARK, DAVID GEORGE	\$25.00
10-11-2010	CTPASS	GILLERT, THOMAS: DEFENDANT PRESENT, IN CUSTODY AND REPRESENTED BY CHRIS GAULT. STATE REPRESENTED BY MEREDITH STANTON. DISTRICT COURT ARRAIGNMENT PASSED TO 11-15-10 1:30 PM. BOND TO REMAIN; DEFENDANT RECOGNIZED BACK; REMANDED TO CUSTODY.	CLARK, DAVID GEORGE	
10-13-2010	AMIN	AMENDED INFORMATION	CLARK, DAVID GEORGE	
		- AMENDED COUNT 2 TO SEXUAL ABUSE - CHILD UNDER 12 Pursuant to 12 O.S. § 39, Document Available at Court Clerk's Office		
11-10-2010	WFPDA	WITNESS FEES PAID BY DISTRICT ATTORNEY ON 10-21-10 Pursuant to 12 O.S. § 39, Document Available at Court Clerk's Office	CLARK, DAVID GEORGE	\$210.00

11-15-2010	CTPASS	JUDGE GILLERT: DEFENDANT PRESENT, IN CUSTODY, AND REPRESENTED BY CHRIS GAULT PD. STATE REPRESENTED JULIE DOSS. HEARING ON TRANSCRIPT SET TO 12-14-2010 @ 9:30 AM IN ROOM 406. BOND TO REMAIN; DEFENDANT REMANDED TO CUSTODY.	CLARK, DAVID GEORGE	
11-23-2010	WFPDA	WITNESS FEES PAID BY DISTRICT ATTORNEY ON 11-9-10 Pursuant to 12 O.S. § 39, Document Available at Court Clerk's Office	CLARK, DAVID GEORGE	\$21.00
11-23-2010	WFPDA	WITNESS FEES PAID BY DISTRICT ATTORNEY ON 11-9-10 Pursuant to 12 O.S. § 39, Document Available at Court Clerk's Office	CLARK, DAVID GEORGE	\$10.00
11-24-2010	O	ORDER FOR TRANSCRIPT Pursuant to 12 O.S. § 39, Document Available at Court Clerk's Office	CLARK, DAVID GEORGE	
12-07-2010	CCERT	COURT REPORTER'S CERTIFICATE Pursuant to 12 O.S. § 39, Document Available at Court Clerk's Office	CLARK, DAVID GEORGE	
12-07-2010	O	AMENDED ORDER Pursuant to 12 O.S. § 39, Document Available at Court Clerk's Office	CLARK, DAVID GEORGE	
12-14-2010	CTPASS	JUDGE TOM GILLERT: DEFENDANT PRESENT, IN CUSTODY, AND REPRESENTED BY PUBLIC DEFENDER. STATE REPRESENTED ANDREA PETERSEN. HEARING ON TRANSCRIPT PASSED TO 1-10-2011 @ 1:30 PM IN ROOM 406. BOND TO REMAIN; DEFENDANT REMANDED TO CUSTODY.	CLARK, DAVID GEORGE	

01-03-2011	T&2	ORIGINAL TRANSCRIPT & 2 COPIES OF PRELIMINARY HEARING ON OCTOBER 1, 2010 ONE COPY EACH TO DISTRICT ATTORNEY'S OFFICE AND PUBLIC DEFENDER'S OFFICE. Pursuant to 12 O.S. § 39, Document Available at Court Clerk's Office	CLARK, DAVID GEORGE	
01-06-2011	MOQ	MOTION TO QUASH Pursuant to 12 O.S. § 39, Document Available at Court Clerk's Office	CLARK, DAVID GEORGE	
01-10-2011	CTPASS	JUDGE TOM GILLERT: DEFENDANT PRESENT, IN CUSTODY, AND REPRESENTED BY CHRIS GAULT PD. STATE REPRESENTED NALANI CHING. HEARING ON TRANSCRIPT PASSED TO 1-18-2011 @ 1:30 PM IN ROOM 406. BOND TO REMAIN; DEFENDANT REMANDED TO CUSTODY.	CLARK, DAVID GEORGE	
01-18-2011	CTFREE	JUDGE GILLERT: DEFENDANT PRESENT, IN CUSTODY AND REPRESENTED BY CHRIS GAULT PD. STATE REPRESENTED BY NALANIE CHING. MOTIONS OVERRULED. COURT ENTERS NOT GUILTY PLEA ON BEHALF OF DEFENDANT. JURY TRIAL SET TO 5-16-2011 @ 9:30 AM FOR ISSUE SETTING. ALLEN DISCOVERY HEARING SET 4-4-2011 @ 1:30 PM; EVIDENTIARY MOTIONS DUE THREE WEEKS PRIOR TO TRIAL. BOND TO REMAIN; DEFENDANT REMANDED TO CUSTODY.	CLARK, DAVID GEORGE	
01-21-2011	PYREQ	PAYMENT REQUEST - TRANSCRIPTS Pursuant to 12 O.S. § 39, Document Available at Court Clerk's Office	CLARK, DAVID GEORGE	\$164.50

01-25-2011	MO	MOTION TO MODIFY THE VERDICT FORM TO COMPLY WITH THE PRESUMPTION OF INNOCENCE Pursuant to 12 O.S. § 39, Document Available at Court Clerk's Office	CLARK, DAVID GEORGE	
01-25-2011	MOPRO	MOTION TO PRODUCE Pursuant to 12 O.S. § 39, Document Available at Court Clerk's Office	CLARK, DAVID GEORGE	
01-25-2011	MO	MOTION FOR JURY TO ASSESS PUNISHMENT Pursuant to 12 O.S. § 39, Document Available at Court Clerk's Office	CLARK, DAVID GEORGE	
01-25-2011	MFD	MOTION FOR DISCOVERY AND INSPECTION Pursuant to 12 O.S. § 39, Document Available at Court Clerk's Office	CLARK, DAVID GEORGE	
01-28-2011	DIS	DISCOVERY REQUEST Pursuant to 12 O.S. § 39, Document Available at Court Clerk's Office	CLARK, DAVID GEORGE	
01-28-2011	DISN	DISCOVERY NOTICE Pursuant to 12 O.S. § 39, Document Available at Court Clerk's Office	CLARK, DAVID GEORGE	
04-04-2011	CTPASS	JUDGE TOM GILLERT: DEFENDANT PRESENT, IN CUSTODY, AND REPRESENTED BY CHRIS GAULT PD. STATE REPRESENTED NALANI CHING. ALLEN DISCOVERY HEARING PASSED TO 4-18-2011 @ 1:30 PM IN ROOM 406. BOND TO REMAIN; DEFENDANT REMANDED TO CUSTODY.	CLARK, DAVID GEORGE	
04-18-2011	WFPDA	WITNESS FEES PAID BY DISTRICT ATTORNEY ON 4-7-11 Pursuant to 12 O.S. § 39, Document Available at Court Clerk's Office	CLARK, DAVID GEORGE	\$120.00

04-18-2011	CTFREE	JUDGE TOM GILLERT: DEFENDANT NOT PRESENT, IN CUSTODY, AND REPRESENTED BY PUBLIC DEFENDER. STATE REPRESENTED NALANI CHING. DISCOVERY IS COMPLETE.	CLARK, DAVID GEORGE
04-20-2011	NOEVI	NOTICE OF INTENT TO INTRODUCE HEARSAY STATEMENTS OF A CHILD UNDER THE AGE OF TWELVE YEARS Pursuant to 12 O.S. § 39, Document Available at Court Clerk's Office	CLARK, DAVID GEORGE
05-12-2011	CONVICTED	JUDGE TOM GILLERT: DEFENDANT PRESENT, IN CUSTODY, REPRESENTED BY CHRIS GAULT PD. STATE REPRESENTED BY NALANI CHING. DEFENDANT SWORN IN OPEN COURT. COURT REPORTER JANA HARRINGTON, DEFENDANT ENTERS A PLEA OF GUILTY AND WAIVES RIGHTS TO JURY, NON JURY TRIAL. COURT ACCEPTS PLEA, COURT FINDS DEFENDANT GUILTY, DEFENDANT SENTENCED TO: COUNT 1) THIRTY FIVE (35) YEARS IN DEPARTMENT OF CORRECTIONS WITH CREDIT FOR TIME SERVED. DEFENDANT ASSESSED \$600.00 FINE, \$150.00 VCA, PLUS COSTS. COUNT 2) THIRTY FIVE (35) YEARS IN TO RUN CONCURRENT WITH COUNT 1, \$600.00 FINE, \$150.00 VCA, PLUS COSTS. COUNT 3) TWENTY (20) YEARS IN TO RUN CONCURRENT WITHN COUNT 1 AND 2. \$600.00 FINE, \$150.00 VCA, PLUS COSTS.	1 CLARK, DAVID GEORGE

DEFENDANT ADVISED OF APPEAL RIGHTS, RULE 8 ISSUED, J AND S ISSUED. COMMITMENT ISSUED, JURY TRIAL STRICKEN.					
05-12-2011	COSTF	COURT COSTS ON FELONY	1	CLARK, DAVID GEORGE	\$103.00
05-12-2011	DACPAF	DA COUNCIL PROSECUTION ASSESSMENT FOR FELONY	1	CLARK, DAVID GEORGE	\$25.00
05-12-2011	OCISR	OKLAHOMA COURT INFORMATION SYSTEM REVOLVING FUND	1	CLARK, DAVID GEORGE	\$25.00
05-12-2011	SSFCHS	SHERIFF'S SERVICE FEE FOR COURT HOUSE SECURITY	1	CLARK, DAVID GEORGE	\$10.00
05-12-2011	MELRF	MEDICAL EXPENSE LIABILITY REVOLVING FUND	1	CLARK, DAVID GEORGE	\$10.00
05-12-2011	CLEET	CLEET PENALTY ASSESSMENT	1	CLARK, DAVID GEORGE	\$9.00
05-12-2011	PFE7	LAW LIBRARY FEE	1	CLARK, DAVID GEORGE	\$6.00
05-12-2011	FOREN	FORENSIC SCIENCE IMPROVEMENT ASSESSMENT	1	CLARK, DAVID GEORGE	\$5.00
05-12-2011	SSF	SHERIFF'S SERVICE FEE ON ARRESTS	1	CLARK, DAVID GEORGE	\$5.00
05-12-2011	AFIS	AFIS FEE	1	CLARK, DAVID GEORGE	\$5.00
05-12-2011	CHAB	C.H.A.B. STATUTORY FEE	1	CLARK, DAVID GEORGE	\$3.00
05-12-2011	AGVSU	ATTORNEY GENERAL VICTIM SERVICES UNIT	1	CLARK, DAVID GEORGE	\$3.00
05-12-2011	VCA	VICTIMS COMPENSATION ASSESSMENT (AC12)	1	CLARK, DAVID GEORGE	\$150.00
05-12-2011	FINE	FINES PAYABLE TO COUNTY	1	CLARK, DAVID GEORGE	\$600.00
05-12-2011	CCADMIN	COURT CLERK ADMINISTRATIVE FEE ON COLLECTIONS	1	CLARK, DAVID GEORGE	\$7.00
05-12-2011	FINE	FINES PAYABLE TO COUNTY	2	CLARK, DAVID GEORGE	\$600.00
05-12-2011	COSTF	COURT COSTS ON FELONY	2	CLARK, DAVID GEORGE	\$103.00
05-12-2011	DACPAF	DA COUNCIL PROSECUTION ASSESSMENT FOR FELONY	2	CLARK, DAVID GEORGE	\$25.00
05-12-2011	OCISR	OKLAHOMA COURT INFORMATION SYSTEM REVOLVING FUND	2	CLARK, DAVID GEORGE	\$25.00
05-12-2011	SSFCHS	SHERIFF'S SERVICE FEE FOR COURT HOUSE SECURITY	2	CLARK, DAVID GEORGE	\$10.00

05-12-2011	MELRF	MEDICAL EXPENSE LIABILITY REVOLVING FUND	2	CLARK, DAVID GEORGE	\$10.00
05-12-2011	CLEET	CLEET PENALTY ASSESSMENT	2	CLARK, DAVID GEORGE	\$9.00
05-12-2011	PFE7	LAW LIBRARY FEE	2	CLARK, DAVID GEORGE	\$6.00
05-12-2011	FOREN	FORENSIC SCIENCE IMPROVEMENT ASSESSMENT	2	CLARK, DAVID GEORGE	\$5.00
05-12-2011	SSF	SHERIFF'S SERVICE FEE ON ARRESTS	2	CLARK, DAVID GEORGE	\$5.00
05-12-2011	AFIS	AFIS FEE	2	CLARK, DAVID GEORGE	\$5.00
05-12-2011	AGVSU	ATTORNEY GENERAL VICTIM SERVICES UNIT	2	CLARK, DAVID GEORGE	\$3.00
05-12-2011	CHAB	C.H.A.B. STATUTORY FEE	2	CLARK, DAVID GEORGE	\$3.00
05-12-2011	VCA	VICTIMS COMPENSATION ASSESSMENT (AC12)	2	CLARK, DAVID GEORGE	\$150.00
05-12-2011	CCADMIN	COURT CLERK ADMINISTRATIVE FEE ON COLLECTIONS	2	CLARK, DAVID GEORGE	\$7.00
05-12-2011	COSTF	COURT COSTS ON FELONY	3	CLARK, DAVID GEORGE	\$103.00
05-12-2011	DACPAF	DA COUNCIL PROSECUTION ASSESSMENT FOR FELONY	3	CLARK, DAVID GEORGE	\$25.00
05-12-2011	OCISR	OKLAHOMA COURT INFORMATION SYSTEM REVOLVING FUND	3	CLARK, DAVID GEORGE	\$25.00
05-12-2011	SSFCHS	SHERIFF'S SERVICE FEE FOR COURT HOUSE SECURITY	3	CLARK, DAVID GEORGE	\$10.00
05-12-2011	MELRF	MEDICAL EXPENSE LIABILITY REVOLVING FUND	3	CLARK, DAVID GEORGE	\$10.00
05-12-2011	CLEET	CLEET PENALTY ASSESSMENT	3	CLARK, DAVID GEORGE	\$9.00
05-12-2011	PFE7	LAW LIBRARY FEE	3	CLARK, DAVID GEORGE	\$6.00
05-12-2011	FOREN	FORENSIC SCIENCE IMPROVEMENT ASSESSMENT	3	CLARK, DAVID GEORGE	\$5.00
05-12-2011	SSF	SHERIFF'S SERVICE FEE ON ARRESTS	3	CLARK, DAVID GEORGE	\$5.00
05-12-2011	AFIS	AFIS FEE	3	CLARK, DAVID GEORGE	\$5.00
05-12-2011	CHAB	C.H.A.B. STATUTORY FEE	3	CLARK, DAVID GEORGE	\$3.00
05-12-2011	AGVSU	ATTORNEY GENERAL VICTIM SERVICES UNIT	3	CLARK, DAVID GEORGE	\$3.00
05-12-2011	VCA	VICTIMS COMPENSATION ASSESSMENT (AC12)	3	CLARK, DAVID GEORGE	\$150.00
05-12-2011	FINE	FINES PAYABLE TO COUNTY	3	CLARK, DAVID GEORGE	\$600.00

05-12-2011	CCADMIN	COURT CLERK ADMINISTRATIVE FEE ON COLLECTIONS	3	CLARK, DAVID GEORGE	\$7.00
05-16-2011	J&S	JUDGMENT AND SENTENCE Pursuant to 12 O.S. § 39, Document Available at Court Clerk's Office	3	CLARK, DAVID GEORGE	
05-16-2011	J&S	JUDGMENT AND SENTENCE Pursuant to 12 O.S. § 39, Document Available at Court Clerk's Office	2	CLARK, DAVID GEORGE	
05-16-2011	J&S	JUDGMENT AND SENTENCE Pursuant to 12 O.S. § 39, Document Available at Court Clerk's Office	1	CLARK, DAVID GEORGE	
05-16-2011	RULE8	ORDER OF THE COURT - RULE 8 HEARING Pursuant to 12 O.S. § 39, Document Available at Court Clerk's Office		CLARK, DAVID GEORGE	
05-17-2011	RETCP	RETURN COMMITMENT FOR PUNISHMENT Pursuant to 12 O.S. § 39, Document Available at Court Clerk's Office		CLARK, DAVID GEORGE	
05-17-2011	PGSF	PLEA OF GUILTY - SUMMARY OF FACTS Pursuant to 12 O.S. § 39, Document Available at Court Clerk's Office		CLARK, DAVID GEORGE	
05-19-2011	TEXT	RETURN RECEIPT OF TRANSCRIPT FROM PUBLIC DEFENDERS OFFICE.		CLARK, DAVID GEORGE	
06-07-2011	CNOTE	CASE NOTE: DEF IS GOING TO DOC.		CLARK, DAVID GEORGE	
06-14-2011	ADISC	ACKNOWLEDGEMENT OF RECEIPT OF DISCOVERY SUPPLEMENTAL PAGES 56 TO 74 Pursuant to 12 O.S. § 39, Document Available at Court Clerk's Office		CLARK, DAVID GEORGE	
07-06-2011	RETJS\$	RETURN JUDGMENT & SENTENCE Pursuant to 12 O.S. § 39, Document Available at Court Clerk's Office	1	CLARK, DAVID GEORGE	\$50.00
07-06-2011	OCISR	OKLAHOMA COURT INFORMATION SYSTEM REVOLVING FUND	1	CLARK, DAVID GEORGE	\$25.00
10-12-2011	CTRS	CLAIM FOR INTERCEPT OF TAX REFUND		CLARK, DAVID GEORGE	
10-17-2012	CTRS	CLAIM FOR INTERCEPT OF TAX REFUND		CLARK, DAVID GEORGE	

05-14-2013	LETDF	LETTER FROM DEFENDANT - COPY TO DISTRICT ATTORNEY & JUDGE GILLERT Pursuant to 12 O.S. § 39, Document Available at Court Clerk's Office	CLARK, DAVID GEORGE
09-03-2013	ACCOUNT	RECEIPT # 2013-2676347 ON 09/03/2013. TRANSFERRED FROM DOC CHECK #13335420. PAYOR: TOTAL AMOUNT PAID: \$0.00. LINE ITEMS: CF-2010-1906: \$0.13 ON TRANSFER TO AC01 CLERK FEES FOR CLARK, DAVID GEORGE. MRC-2013-145: \$-0.13 ON TRANSFER FROM AC99 HOLDING FOR OKLAHOMA DEPARTMENT OF CORRECTIONS.	CLARK, DAVID GEORGE
09-04-2013	ACCOUNT	RECEIPT # 2013-2677523 ON 09/04/2013. TRANSFERRED FROM DOC CHECK#13335420. PAYOR: TOTAL AMOUNT PAID: \$0.00. LINE ITEMS: CF-2010-1906: \$1.44 ON TRANSFER TO AC01 CLERK FEES FOR CLARK, DAVID GEORGE. MRC-2013-145: \$-1.44 ON TRANSFER FROM AC99 HOLDING FOR OKLAHOMA DEPARTMENT OF CORRECTIONS.	CLARK, DAVID GEORGE
11-25-2013	ACCOUNT	RECEIPT # 2013-2732265 ON 11/25/2013. TRANSFERRED FROM DOC CHECK #01334780. PAYOR: TOTAL AMOUNT PAID: \$0.00. LINE ITEMS:	CLARK, DAVID GEORGE

CF-2010-1906: \$1.44 ON TRANSFER TO AC01 CLERK FEES FOR
CLARK, DAVID GEORGE.

MRC-2013-191: \$-1.44 ON TRANSFER FROM AC99 HOLDING FOR
OKLAHOMA DEPARTMENT OF CORRECTIONS.

12-09-2013

ACCOUNT

RECEIPT # 2013-2739979 ON 12/09/2013. TRANSFERRED FROM
DOC CHECK #01334780.

CLARK, DAVID GEORGE

PAYOR: TOTAL AMOUNT PAID: \$0.00.

LINE ITEMS:

CF-2010-1906: \$1.44 ON TRANSFER TO AC01 CLERK FEES FOR
CLARK, DAVID GEORGE.

MRC-2013-192: \$-1.44 ON TRANSFER FROM AC99 HOLDING FOR
OKLAHOMA DEPARTMENT OF CORRECTIONS.

12-16-2013

ACCOUNT

RECEIPT # 2013-2744412 ON 12/16/2013. TRANSFERRED FROM
DOC CHECK 1334780.

CLARK, DAVID GEORGE

PAYOR: TOTAL AMOUNT PAID: \$0.00.

LINE ITEMS:

CF-2010-1906: \$1.44 ON TRANSFER TO AC01 CLERK FEES FOR
CLARK, DAVID GEORGE.

MRC-2013-193: \$-1.44 ON TRANSFER FROM AC99 HOLDING FOR
OKLAHOMA DEPARTMENT OF CORRECTIONS.

01-24-2014

ACCOUNT

RECEIPT # 2014-2768659 ON 01/24/2014. TRANSFERRED FROM
DOC CHECK 13359517.

CLARK, DAVID GEORGE

PAYOR: TOTAL AMOUNT PAID: \$0.00.

LINE ITEMS:

CF-2010-1906: \$1.44 ON TRANSFER TO AC01 CLERK FEES FOR
CLARK, DAVID GEORGE.

MRC-2014-3: \$-1.44 ON TRANSFER FROM AC99 HOLDING FOR
DEPARTMENT OF CORRECTIONS.

01-24-2014

ACCOUNT

RECEIPT # 2014-2768807 ON 01/24/2014. TRANSFERRED FROM
DOC CHECK 13359517.

CLARK, DAVID GEORGE

PAYOR: TOTAL AMOUNT PAID: \$0.00.
LINE ITEMS:

CF-2010-1906: \$1.44 ON TRANSFER TO AC01 CLERK FEES FOR
CLARK, DAVID GEORGE.

MRC-2014-3: \$-1.44 ON TRANSFER FROM AC99 HOLDING FOR
DEPARTMENT OF CORRECTIONS.

01-28-2014

ACCOUNT

RECEIPT # 2014-2770636 ON 01/28/2014. TRANSFERRED FROM
DOC CHECK #13359517.

CLARK, DAVID GEORGE

PAYOR: TOTAL AMOUNT PAID: \$0.00.
LINE ITEMS:

CF-2010-1906: \$1.44 ON TRANSFER TO AC01 CLERK FEES FOR
CLARK, DAVID GEORGE.

MRC-2014-3: \$-1.44 ON TRANSFER FROM AC99 HOLDING FOR
DEPARTMENT OF CORRECTIONS.

05-09-2014

ACCOUNT

RECEIPT # 2014-2846542 ON 05/09/2014. TRANSFERRED FROM
DOC CHECK #013371102.

CLARK, DAVID GEORGE

PAYOR: TOTAL AMOUNT PAID: \$0.00.
LINE ITEMS:

CF-2010-1906: \$1.44 ON TRANSFER TO AC01 CLERK FEES FOR
CLARK, DAVID GEORGE.

MRC-2014-89: \$-1.44 ON TRANSFER FROM AC99 HOLDING FOR
STATE OF OKLAHOMA DEPARTMENT OF CORRECTIONS.

06-05-2014

ACCOUNT

RECEIPT # 2014-2864929 ON 06/05/2014. TRANSFERRED FROM
DOC CHECK #013371083.

CLARK, DAVID GEORGE

PAYOR: TOTAL AMOUNT PAID: \$0.00.
LINE ITEMS:

CF-2010-1906: \$1.44 ON TRANSFER TO AC01 CLERK FEES FOR
CLARK, DAVID GEORGE.

MRC-2014-90: \$-1.44 ON TRANSFER FROM AC99 HOLDING FOR
STATE OF OKLAHOMA DEPARTMENT OF CORRECTIONS.

07-08-2014

ACCOUNT

RECEIPT # 2014-2885800 ON 07/08/2014. TRANSFERRED FROM
DOC CHECK #013371087.

CLARK, DAVID GEORGE

PAYOR: TOTAL AMOUNT PAID: \$0.00.
LINE ITEMS:

CF-2010-1906: \$1.44 ON TRANSFER TO AC01 CLERK FEES FOR
CLARK, DAVID GEORGE.

MRC-2014-91: \$-1.44 ON TRANSFER FROM AC99 HOLDING FOR
STATE OF OKLAHOMA DEPARTMENT OF CORRECTIONS.

07-23-2014

ACCOUNT

RECEIPT # 2014-2896873 ON 07/23/2014. TRANSFERRED FROM
DOC CHECK #13384497.

CLARK, DAVID GEORGE

PAYOR: TOTAL AMOUNT PAID: \$0.00.

LINE ITEMS:

CF-2010-1906: \$1.00 ON TRANSFER TO AC01 CLERK FEES FOR
CLARK, DAVID GEORGE.

MRC-2014-180: \$-1.00 ON TRANSFER FROM AC99 HOLDING FOR
DEPARTMENT OF CORRECTIONS.

08-04-2014

ACCOUNT

RECEIPT # 2014-2904048 ON 08/04/2014. TRANSFERRED FROM
DOC CHECK #13384497.

CLARK, DAVID GEORGE

PAYOR: TOTAL AMOUNT PAID: \$0.00.

LINE ITEMS:

CF-2010-1906: \$0.44 ON TRANSFER TO AC01 CLERK FEES FOR
CLARK, DAVID GEORGE.

MRC-2014-180: \$-0.44 ON TRANSFER FROM AC99 HOLDING FOR
DEPARTMENT OF CORRECTIONS.

08-08-2014

ACCOUNT

RECEIPT # 2014-2907461 ON 08/08/2014. TRANSFERRED FROM
DOC CHECK #013384502.

CLARK, DAVID GEORGE

PAYOR: TOTAL AMOUNT PAID: \$0.00.

LINE ITEMS:

CF-2010-1906: \$0.23 ON TRANSFER TO AC01 CLERK FEES FOR
CLARK, DAVID GEORGE.

MRC-2014-182: \$-0.23 ON TRANSFER FROM AC99 HOLDING FOR
DEPARTMENT OF CORRECTIONS.

08-26-2014

ACCOUNT

RECEIPT # 2014-2918383 ON 08/26/2014. TRANSFERRED FROM
DOC CHECK#013384502.

CLARK, DAVID GEORGE

PAYOR: TOTAL AMOUNT PAID: \$0.00.

LINE ITEMS:

CF-2010-1906: \$1.44 ON TRANSFER TO AC01 CLERK FEES FOR CLARK, DAVID GEORGE.

MRC-2014-182: \$-1.44 ON TRANSFER FROM AC99 HOLDING FOR DEPARTMENT OF CORRECTIONS.

08-27-2014

ACCOUNT

RECEIPT # 2014-2919313 ON 08/27/2014. TRANSFERRED FROM DOC CHECK #13384503.

CLARK, DAVID GEORGE

PAYOR: TOTAL AMOUNT PAID: \$0.00.

LINE ITEMS:

CF-2010-1906: \$1.44 ON TRANSFER TO AC01 CLERK FEES FOR CLARK, DAVID GEORGE.

MRC-2014-183: \$-1.44 ON TRANSFER FROM AC99 HOLDING FOR DEPARTMENT OF CORRECTIONS.

11-03-2014

ACCOUNT

RECEIPT # 2014-2964716 ON 11/03/2014. TRANSFERRED FROM DOC CHECK #133995602.

CLARK, DAVID GEORGE

PAYOR: TOTAL AMOUNT PAID: \$0.00.

LINE ITEMS:

CF-2010-1906: \$1.44 ON TRANSFER TO AC01 CLERK FEES FOR CLARK, DAVID GEORGE.

MRC-2014-236: \$-1.44 ON TRANSFER FROM AC99 HOLDING FOR DEPARTMENT OF CORRECTIONS.

11-25-2014

LT

LETTER

Pursuant to 12 O.S. § 39, Document Available at Court Clerk's Office

CLARK, DAVID GEORGE

12-11-2014	ACCOUNT	<p>RECEIPT # 2014-2990631 ON 12/11/2014. TRANSFERRED FROM DOC CHECK #013395592. PAYOR: TOTAL AMOUNT PAID: \$0.00. LINE ITEMS:</p> <p>CF-2010-1906: \$1.44 ON TRANSFER TO AC01 CLERK FEES FOR CLARK, DAVID GEORGE.</p> <p>MRC-2014-244: \$-1.44 ON TRANSFER FROM AC99 HOLDING FOR DEPARTMENT OF CORRECTIONS.</p>	CLARK, DAVID GEORGE
12-12-2014	ACCOUNT	<p>RECEIPT # 2014-2992251 ON 12/12/2014. TRANSFERRED FROM DOC CHECK #13395602.</p> <p>PAYOR: TOTAL AMOUNT PAID: \$0.00. LINE ITEMS:</p> <p>CF-2010-1906: \$1.44 ON TRANSFER TO AC01 CLERK FEES FOR CLARK, DAVID GEORGE.</p> <p>MRC-2014-236: \$-1.44 ON TRANSFER FROM AC99 HOLDING FOR DEPARTMENT OF CORRECTIONS.</p>	CLARK, DAVID GEORGE
01-29-2015	ACCOUNT	<p>RECEIPT # 2015-3019744 ON 01/29/2015. TRANSFERRED FROM DOC CHECK #01347017.</p> <p>PAYOR: TOTAL AMOUNT PAID: \$0.00. LINE ITEMS:</p> <p>CF-2010-1906: \$1.44 ON TRANSFER TO AC01 CLERK FEES FOR CLARK, DAVID GEORGE.</p> <p>MRC-2015-19: \$-1.44 ON TRANSFER FROM AC99 HOLDING FOR OKLAHOMA DEPARTMENT OF CORRECTIONS.</p>	CLARK, DAVID GEORGE

03-31-2015	ACCOUNT	RECEIPT # 2015-3060647 ON 03/31/2015. TRANSFERRED FROM DOC CHECK #01347017. PAYOR: TOTAL AMOUNT PAID: \$0.00. LINE ITEMS: CF-2010-1906: \$1.44 ON TRANSFER TO AC01 CLERK FEES FOR CLARK, DAVID GEORGE. MRC-2015-21: \$-1.44 ON TRANSFER FROM AC99 HOLDING FOR OKLAHOMA DEPARTMENT OF CORRECTIONS.	CLARK, DAVID GEORGE
04-07-2015	ACCOUNT	RECEIPT # 2015-3064953 ON 04/07/2015. TRANSFERRED FROM DOC CHECK #013407017. PAYOR: TOTAL AMOUNT PAID: \$0.00. LINE ITEMS: CF-2010-1906: \$1.44 ON TRANSFER TO AC01 CLERK FEES FOR CLARK, DAVID GEORGE. MRC-2015-20: \$-1.44 ON TRANSFER FROM AC99 HOLDING FOR OKLAHOMA DEPARTMENT OF CORRECTIONS.	CLARK, DAVID GEORGE
05-01-2015	ACCOUNT	RECEIPT # 2015-3084493 ON 05/01/2015. TRANSFERRED FROM DOC CHECK #013418611. PAYOR: TOTAL AMOUNT PAID: \$0.00. LINE ITEMS: CF-2010-1906: \$1.44 ON TRANSFER TO AC01 CLERK FEES FOR CLARK, DAVID GEORGE. MRC-2015-94: \$-1.44 ON TRANSFER FROM AC99 HOLDING FOR OKLAHOMA DEPARTMENT OF CORRECTIONS.	CLARK, DAVID GEORGE

05-04-2015	ACCOUNT	RECEIPT # 2015-3085082 ON 05/04/2015. TRANSFERRED FROM DOC CHECK #013418611. PAYOR: TOTAL AMOUNT PAID: \$0.00. LINE ITEMS: CF-2010-1906: \$1.44 ON TRANSFER TO AC01 CLERK FEES FOR CLARK, DAVID GEORGE. MRC-2015-95: \$-1.44 ON TRANSFER FROM AC99 HOLDING FOR OKLAHOMA DEPARTMENT OF CORRECTIONS.	CLARK, DAVID GEORGE
06-29-2015	ACCOUNT	RECEIPT # 2015-3122067 ON 06/29/2015. TRANSFERRED FROM DOC CHECK #013418611. PAYOR: TOTAL AMOUNT PAID: \$0.00. LINE ITEMS: CF-2010-1906: \$1.44 ON TRANSFER TO AC01 CLERK FEES FOR CLARK, DAVID GEORGE. MRC-2015-97: \$-1.44 ON TRANSFER FROM AC99 HOLDING FOR OKLAHOMA DEPARTMENT OF CORRECTIONS.	CLARK, DAVID GEORGE
07-29-2015	ACCOUNT	RECEIPT # 2015-3141484 ON 07/29/2015. TRANSFERRED FROM DOC CHECK #013429396. PAYOR: TOTAL AMOUNT PAID: \$0.00. LINE ITEMS: CF-2010-1906: \$1.44 ON TRANSFER TO AC01 CLERK FEES FOR CLARK, DAVID GEORGE. MRC-2015-140: \$-1.44 ON TRANSFER FROM AC99 HOLDING FOR DEPARTMENT OF CORRECTIONS.	CLARK, DAVID GEORGE
08-31-2015	ACCOUNT	RECEIPT # 2015-3163918 ON 08/31/2015. TRANSFERRED FROM DOC CHECK #013429396.	CLARK, DAVID GEORGE

PAYOR: TOTAL AMOUNT PAID: \$0.00.
LINE ITEMS:

CF-2010-1906: \$1.44 ON TRANSFER TO AC01 CLERK FEES FOR
CLARK, DAVID GEORGE.

MRC-2015-143: \$-1.44 ON TRANSFER FROM AC99 HOLDING FOR
DEPARTMENT OF CORRECTIONS.

09-11-2015	ACCOUNT	<p>RECEIPT # 2015-3172167 ON 09/11/2015. TRANSFERRED FROM DOC CHECK#013429396.</p> <p>PAYOR: TOTAL AMOUNT PAID: \$0.00. LINE ITEMS:</p> <p>CF-2010-1906: \$1.44 ON TRANSFER TO AC01 CLERK FEES FOR CLARK, DAVID GEORGE.</p> <p>MRC-2015-141: \$-1.44 ON TRANSFER FROM AC99 HOLDING FOR DEPARTMENT OF CORRECTIONS.</p>	CLARK, DAVID GEORGE
09-21-2015	CAP	<p>CERTIFICATE OF APPEAL - #PC-15-825 Pursuant to 12 O.S. § 39, Document Available at Court Clerk's Office</p>	CLARK, DAVID GEORGE
11-23-2015	MANTO	<p>RECEIVED MANDATE (DISMISSED - APPEAL DISMISSED NOT CASE) - DELIVERED TO JUDGE LAFORTUNE.</p>	CLARK, DAVID GEORGE
11-25-2015	CTFREE	<p>JUDGE WILLIAM D. LAFORTUNE: APPEAL DISMISSED, PER MANDATE FROM COURT OF CRIMINAL APPEALS, MANDATE ORDERED FILED AND SPREAD OF RECORD</p>	CLARK, DAVID GEORGE
11-30-2015	MAN	<p>MANDATE DISMISSED Pursuant to 12 O.S. § 39, Document Available at Court Clerk's Office</p>	CLARK, DAVID GEORGE
11-30-2015	ACCOUNT	<p>RECEIPT # 2015-3219030 ON 11/30/2015. TRANSFERRED FROM DOC CHECK #013440524.</p> <p>PAYOR: TOTAL AMOUNT PAID: \$0.00.</p>	CLARK, DAVID GEORGE

LINE ITEMS:

CF-2010-1906: \$1.44 ON TRANSFER TO AC01 CLERK FEES FOR CLARK, DAVID GEORGE.

MRC-2015-170: \$-1.44 ON TRANSFER FROM AC99 HOLDING FOR DEPARTMENT OF CORRECTIONS.

12-09-2015	TEXT	RECEIPT FOR MANDATE AND RETURN OF MANDATE MAILED TO THE COURT OF CRIMINAL APPEALS.	CLARK, DAVID GEORGE
12-16-2015	ACCOUNT	<p>RECEIPT # 2015-3229246 ON 12/16/2015. TRANSFERRED FROM DOC CHECK #013440524.</p> <p>PAYOR: TOTAL AMOUNT PAID: \$0.00.</p> <p>LINE ITEMS:</p> <p>CF-2010-1906: \$1.44 ON TRANSFER TO AC01 CLERK FEES FOR CLARK, DAVID GEORGE.</p> <p>MRC-2015-172: \$-1.44 ON TRANSFER FROM AC99 HOLDING FOR DEPARTMENT OF CORRECTIONS.</p>	CLARK, DAVID GEORGE
01-21-2016	ACCOUNT	<p>RECEIPT # 2016-3250685 ON 01/21/2016. TRANSFERRED FROM DOC CHECK #013440524.</p> <p>PAYOR: TOTAL AMOUNT PAID: \$0.00.</p> <p>LINE ITEMS:</p> <p>CF-2010-1906: \$1.44 ON TRANSFER TO AC01 CLERK FEES FOR CLARK, DAVID GEORGE.</p> <p>MRC-2015-173: \$-1.44 ON TRANSFER FROM AC99 HOLDING FOR DEPARTMENT OF CORRECTIONS.</p>	CLARK, DAVID GEORGE
02-17-2016	APCR	APPLICATION FOR POST CONVICTION RELIEF - COPY TO DISTRICT ATTORNEY AND JUDGE LAFORTUNE	CLARK, DAVID GEORGE

Pursuant to 12 O.S. § 39, Document Available at Court Clerk's Office

02-17-2016	MOH	<p>MOTION FOR HEARING / JUDICIAL REVIEW COPY TO JUDGE LAFORTUNE AND D.A.</p> <p>Pursuant to 12 O.S. § 39, Document Available at Court Clerk's Office</p>	CLARK, DAVID GEORGE
03-07-2016	ODNY	<p>ORDER DENYING MOTION FOR JUDICIAL REVIEW</p> <p>Pursuant to 12 O.S. § 39, Document Available at Court Clerk's Office</p>	CLARK, DAVID GEORGE
03-14-2016	LT	<p>LETTER COPY TO JUDGE LAFORTUNE AND D.A.</p> <p>Pursuant to 12 O.S. § 39, Document Available at Court Clerk's Office</p>	CLARK, DAVID GEORGE
04-06-2016	ACCOUNT	<p>RECEIPT # 2016-3304193 ON 04/06/2016. TRANSFERRED FROM DOC CHECK #013451148</p> <p>PAYOR: TOTAL AMOUNT PAID: \$0.00.</p> <p>LINE ITEMS:</p> <p>CF-2010-1906: \$1.44 ON TRANSFER TO AC01 CLERK FEES FOR CLARK, DAVID GEORGE.</p> <p>MRC-2016-19: \$-1.44 ON TRANSFER FROM AC99 HOLDING FOR OKLAHOMA DEPARTMENT OF CORRECTIONS.</p>	CLARK, DAVID GEORGE
04-26-2016	ACCOUNT	<p>RECEIPT # 2016-3319603 ON 04/26/2016. TRANSFERRED FROM DOC CHECK #031451148</p> <p>PAYOR: TOTAL AMOUNT PAID: \$0.00.</p> <p>LINE ITEMS:</p> <p>CF-2010-1906: \$1.44 ON TRANSFER TO AC01 CLERK FEES FOR CLARK, DAVID GEORGE.</p>	CLARK, DAVID GEORGE

		MRC-2016-21: \$-1.44 ON TRANSFER FROM AC99 HOLDING FOR OKLAHOMA DEPARTMENT OF CORRECTIONS.	
05-03-2016	ACCOUNT	RECEIPT # 2016-3324430 ON 05/03/2016. TRANSFERRED FROM DOC CHECK #013451148. PAYOR: TOTAL AMOUNT PAID: \$0.00. LINE ITEMS:	CLARK, DAVID GEORGE
		CF-2010-1906: \$1.44 ON TRANSFER TO AC01 CLERK FEES FOR CLARK, DAVID GEORGE.	
		MRC-2016-22: \$-1.44 ON TRANSFER FROM AC99 HOLDING FOR OKLAHOMA DEPARTMENT OF CORRECTIONS.	
05-16-2016	ACCOUNT	RECEIPT # 2016-3335147 ON 05/16/2016. TRANSFERRED FROM DOC CHECK #013460962. PAYOR: TOTAL AMOUNT PAID: \$0.00. LINE ITEMS:	CLARK, DAVID GEORGE
		CF-2010-1906: \$1.44 ON TRANSFER TO AC01 CLERK FEES FOR CLARK, DAVID GEORGE.	
		MRC-2016-88: \$-1.44 ON TRANSFER FROM AC99 HOLDING FOR DEPARTMENT OF CORRECTIONS.	
05-23-2016	ACCOUNT	RECEIPT # 2016-3341020 ON 05/23/2016. TRANSFERRED FROM DOC CHECK #013460962 PAYOR: TOTAL AMOUNT PAID: \$0.00. LINE ITEMS:	CLARK, DAVID GEORGE
		CF-2010-1906: \$1.44 ON TRANSFER TO AC01 CLERK FEES FOR CLARK, DAVID GEORGE.	
		MRC-2016-89: \$-1.44 ON TRANSFER FROM AC99 HOLDING FOR DEPARTMENT OF CORRECTIONS.	

06-16-2016	ACCOUNT	RECEIPT # 2016-3357737 ON 06/16/2016. TRANSFERRED FROM DOC CHECK #013460962 PAYOR: TOTAL AMOUNT PAID: \$0.00. LINE ITEMS: CF-2010-1906: \$1.44 ON TRANSFER TO AC01 CLERK FEES FOR CLARK, DAVID GEORGE. MRC-2016-90: \$-1.44 ON TRANSFER FROM AC99 HOLDING FOR DEPARTMENT OF CORRECTIONS.	CLARK, DAVID GEORGE
08-04-2016	ACCOUNT	RECEIPT # 2016-3386259 ON 08/04/2016. TRANSFERRED FROM DOC CHECK # 013471692 PAYOR: TOTAL AMOUNT PAID: \$0.00. LINE ITEMS: CF-2010-1906: \$1.44 ON TRANSFER TO AC01 CLERK FEES FOR CLARK, DAVID GEORGE. MRC-2016-172: \$-1.44 ON TRANSFER FROM AC99 HOLDING FOR DEPARTMENT OF CORRECTIONS.	CLARK, DAVID GEORGE
08-15-2016	ACCOUNT	RECEIPT # 2016-3393447 ON 08/15/2016. TRANSFERRED FROM OTC EFT#013471692. PAYOR: TOTAL AMOUNT PAID: \$0.00. LINE ITEMS: CF-2010-1906: \$1.44 ON TRANSFER TO AC01 CLERK FEES FOR CLARK, DAVID GEORGE. MRC-2016-170: \$-1.44 ON TRANSFER FROM AC99 HOLDING FOR DEPARTMENT OF CORRECTIONS.	CLARK, DAVID GEORGE
08-16-2016	ACCOUNT	RECEIPT # 2016-3394597 ON 08/16/2016. TRANSFERRED FROM DOC CHECK #013471692.	CLARK, DAVID GEORGE

		PAYOR: TOTAL AMOUNT PAID: \$0.00. LINE ITEMS:	
		CF-2010-1906: \$1.44 ON TRANSFER TO AC01 CLERK FEES FOR CLARK, DAVID GEORGE.	
		MRC-2016-169: \$-1.44 ON TRANSFER FROM AC99 HOLDING FOR DEPARTMENT OF CORRECTIONS.	
08-18-2016	LT	LETTER Pursuant to 12 O.S. § 39, Document Available at Court Clerk's Office	CLARK, DAVID GEORGE
		RECEIPT # 2016-3441102 ON 11/02/2016. TRANSFERRED FROM DOC CHECK # 013479942	
11-02-2016	ACCOUNT	PAYOR: TOTAL AMOUNT PAID: \$ 0.00. LINE ITEMS:	CLARK, DAVID GEORGE
		CF-2010-1906: \$1.44 ON TRANSFER TO AC01 CLERK FEES FOR CLARK, DAVID GEORGE.	
		MRC-2016-214: \$-1.44 ON TRANSFER FROM AC99 HOLDING FOR DEPARTMENT OF CORRECTIONS.	
		RECEIPT # 2016-3468338 ON 12/19/2016. TRANSFERRED FROM DOC CHECK #13479942.	
12-19-2016	ACCOUNT	PAYOR: TOTAL AMOUNT PAID: \$ 0.00. LINE ITEMS:	CLARK, DAVID GEORGE
		CF-2010-1906: \$1.44 ON TRANSFER TO AC01 CLERK FEES FOR CLARK, DAVID GEORGE.	
		MRC-2016-216: \$-1.44 ON TRANSFER FROM AC99 HOLDING FOR DEPARTMENT OF CORRECTIONS.	
		RECEIPT # 2016-3469739 ON 12/20/2016. TRANSFERRED FROM DOC CHECK # 013479942	
12-20-2016	ACCOUNT		CLARK, DAVID GEORGE

PAYOR: TOTAL AMOUNT PAID: \$ 0.00.
LINE ITEMS:

CF-2010-1906: \$1.44 ON TRANSFER TO AC01 CLERK FEES FOR
CLARK, DAVID GEORGE.

MRC-2016-215: \$-1.44 ON TRANSFER FROM AC99 HOLDING FOR
DEPARTMENT OF CORRECTIONS.

02-16-2017

ACCOUNT

RECEIPT # 2017-3503909 ON 02/16/2017. TRANSFERRED FROM
DOC CHECK #013487366.

CLARK, DAVID GEORGE

PAYOR: TOTAL AMOUNT PAID: \$ 0.00.
LINE ITEMS:

CF-2010-1906: \$1.44 ON TRANSFER TO AC01 CLERK FEES FOR
CLARK, DAVID GEORGE.

MRC-2017-17: \$-1.44 ON TRANSFER FROM AC99 HOLDING FOR
DEPARTMENT OF CORRECTIONS.

02-22-2017

ACCOUNT

RECEIPT # 2017-3507707 ON 02/22/2017. TRANSFERRED FROM
DOC CHECK #013487366.

CLARK, DAVID GEORGE

PAYOR: TOTAL AMOUNT PAID: \$ 0.00.
LINE ITEMS:

CF-2010-1906: \$1.44 ON TRANSFER TO AC01 CLERK FEES FOR
CLARK, DAVID GEORGE.

MRC-2017-19: \$-1.44 ON TRANSFER FROM AC99 HOLDING FOR
DEPARTMENT OF CORRECTIONS.

02-24-2017

ACCOUNT

RECEIPT # 2017-3510308 ON 02/24/2017. TRANSFERRED FROM
DOC CHECK # 013478366

CLARK, DAVID GEORGE

PAYOR: TOTAL AMOUNT PAID: \$ 0.00.
LINE ITEMS:

CF-2010-1906: \$1.44 ON TRANSFER TO AC01 CLERK FEES FOR
CLARK, DAVID GEORGE.

MRC-2017-16: \$-1.44 ON TRANSFER FROM AC99 HOLDING FOR
DEPARTMENT OF CORRECTIONS.

05-09-2017

ACCOUNT

RECEIPT # 2017-3557882 ON 05/09/2017. TRANSFERRED FROM
DOC CHECK# 013496211.
PAYOR: TOTAL AMOUNT PAID: \$ 0.00.
LINE ITEMS:

CLARK, DAVID GEORGE

CF-2010-1906: \$1.44 ON TRANSFER TO AC01 CLERK FEES FOR
CLARK, DAVID GEORGE.

MRC-2017-93: \$-1.44 ON TRANSFER FROM AC99 HOLDING FOR
DEPARTMENT OF CORRECTIONS.

05-25-2017

ACCOUNT

RECEIPT # 2017-3569350 ON 05/25/2017. TRANSFERRED FROM
DOC CHECK #013496211.
PAYOR: TOTAL AMOUNT PAID: \$ 0.00.
LINE ITEMS:

CLARK, DAVID GEORGE

CF-2010-1906: \$1.44 ON TRANSFER TO AC01 CLERK FEES FOR
CLARK, DAVID GEORGE.

MRC-2017-94: \$-1.44 ON TRANSFER FROM AC99 HOLDING FOR
DEPARTMENT OF CORRECTIONS.

06-13-2017

ACCOUNT

RECEIPT # 2017-3579674 ON 06/13/2017. TRANSFERRED FROM
DOC CHECK # 013496211
PAYOR: TOTAL AMOUNT PAID: \$ 0.00.
LINE ITEMS:

CLARK, DAVID GEORGE

CF-2010-1906: \$1.44 ON TRANSFER TO AC01 CLERK FEES FOR
CLARK, DAVID GEORGE.

**MRC-2017-95: \$-1.44 ON TRANSFER FROM AC99 HOLDING FOR
DEPARTMENT OF CORRECTIONS.**

Date/Time: 4/25/2016 10:07:53 AM

ODOC

Institution: DCCC

Offender Statement Report

Offender#	Offender/Group Name	Institution	Unit	Cell/Bed
0840467	CLARK, DAVID	DCCC	UNIT F	AREA A LOWER-CELL 110-UPPER

Transaction List

Transaction Date	Transaction Type	Source Document #	Receipt#/Check#	Sender Name	Amount	Account Balance
03/01/2016	BEGINNING BALANCE					\$169.05
03/07/2016	SALES	93			(\$5.38)	\$163.67
03/14/2016	SALES	103			(\$1.49)	\$162.18
03/31/2016	GANG PAY				\$14.45	\$176.63
03/31/2016	STATE COURT COST	CF 2010-01808	13480882		(\$1.44)	\$175.19
04/04/2016	SALES	95			(\$10.23)	\$164.96
04/18/2016	LEGAL COPAY	4/12/16DC			(\$0.02)	\$164.94

Summary Balances

Available Balance	Savings Balance	Debt Encumbrance	Other Encumbrance	Outstanding Instruments	Administrative Holds	Account Balance
\$0.00	\$164.94	\$0.00	\$0.00	\$0.00	\$0.00	\$164.94

Date\Time: 3/10/2017 8:12:10 AM

ODOC

Institution: DCCC

Offender Statement Report

Offender#	Offender/Group Name	Institution	Unit	Cell/Bed
0640457	CLARK, DAVID	DCCC	UNIT W	AREA A LOWER-CELL 108-UPPER

Transaction List

Transaction Date	Transaction Type	Source Document #	Receipt# / Check#	Sender Name	Amount	Account Balance
01/01/2017	BEGINNING BALANCE					\$201.58
01/03/2017	SALES	92			(\$2.07)	\$199.51
01/20/2017	SALES	32			(\$2.18)	\$197.33
01/27/2017	SALES	23			(\$6.17)	\$191.16
01/31/2017	GANG PAY				\$14.45	\$205.61
01/31/2017	STATE COURT COST	CF 2010-01908			(\$1.44)	\$204.17
02/03/2017	SALES	53			(\$9.37)	\$194.80
02/28/2017	GANG PAY				\$14.45	\$209.25
02/28/2017	STATE COURT COST	CF 2010-01906			(\$1.44)	\$207.81
03/02/2017	JPAY	000000009448015		MORSE, ROBERT	\$100.00	\$307.81
03/03/2017	SALES	52			(\$109.52)	\$198.29

Summary Balances

Available Balance	Savings Balance	Debt Encumbrance	Other Encumbrance	Outstanding Instruments	Administrative Holds	Account Balance
\$1.56	\$198.73	\$0.00	\$0.00	\$0.00	\$0.00	\$198.29

Date\Time: 12/4/2017 11:14:24 AM

ODOC

Institution: PRV

Offender Statement Report

Offender#	Offender/Group Name	Institution	Unit	Cell/Bed
0640457	CLARK, DAVID	PRV	UNIT 6	POD C-CELL 111- LOWER

Transaction List

Transaction Date	Transaction Type	Source Document #	Receipt#/Check#	Sender Name	Amount	Account Balance
06/01/2017	BEGINNING BALANCE					\$215.99
06/06/2017	SALES	6			(\$1.06)	\$214.93
06/12/2017	SALES	69			(\$2.67)	\$212.26
06/30/2017	GANG PAY				\$14.45	\$226.71
06/30/2017	STATE COURT COST	CF 2010-01906	13503724		(\$1.44)	\$225.27
07/03/2017	SALES	77			(\$3.28)	\$221.99
07/13/2017	DISBURSEMENT	LCF TRANSFER	13503080		(\$13.70)	\$208.29
09/21/2017	PRIVATE PRISON SAVINGS	LCF AUGUST 2017	6536		\$1.45	\$209.74
10/16/2017	PRIVATE PRISON SAVINGS	LCF SEPTEMBER 2017	6605		\$1.45	\$211.19
11/07/2017	PRIVATE PRISON SAVINGS	LCF OCTOBER 2017	6733		\$1.45	\$212.64

Summary Balances

Available Balance	Savings Balance	Debt Encumbrance	Other Encumbrance	Outstanding Instruments	Administrative Holds	Account Balance
\$0.00	\$212.64	\$0.00	\$0.00	\$0.00	\$0.00	\$212.64

GEO LAWTON

Resident Account Summary
Friday, February 23, 2018 @14:17

For DOC: 640457 CLARK, DAVID GEORGE

Date	Transaction Description	Amount	Balance	Owed	Held	Reference
02/22/2018	<LCFPOST> POSTAGE FOR SHIPPING 2/18.	-3.50	25.18	0.00	0.00	02/22/2018
02/22/2018	LCFPOST POSTAGE FOR SHIPPING 2/18.	3.50	28.68	3.50	0.00	02/22/2018
* 02/12/2018	DEPMO 17666601639 ROBERT MORSE	17.00*	28.68	0.00	0.00	02/12/2018
02/12/2018	EPR OID:101045314-ComisaryPur	-3.48	11.68	0.00	0.00	02/12/2018
02/05/2018	EPR OID:101043514-ComisaryPur	-5.34	15.16	0.00	0.00	02/05/2018
02/01/2018	STATE SAVE Payroll Deduction	-0.72	20.50	0.00	0.00	02/01/2018
02/01/2018	PAYROLL Payroll Transaction	3.61	21.22	0.00	0.00	02/01/2018
02/01/2018	STATE SAVE Payroll Deduction	-0.72	17.61	0.00	0.00	02/01/2018
02/01/2018	PAYROLL Payroll Transaction	3.61	18.33	0.00	0.00	02/01/2018
02/01/2018	STATE SAVE Payroll Deduction	-0.72	14.72	0.00	0.00	02/01/2018
02/01/2018	PAYROLL Payroll Transaction	3.61	15.44	0.00	0.00	02/01/2018
02/01/2018	STATE SAVE, Payroll Deduction	-2.89	11.83	0.00	0.00	02/01/2018
02/01/2018	PAYROLL Payroll Transaction	14.45	14.72	0.00	0.00	02/01/2018
01/22/2018	EPR OID:101040782-ComisaryPur	-0.77	0.27	0.00	0.00	01/22/2018
01/15/2018	EPR OID:101039307-ComisaryPur	-5.34	1.04	0.00	0.00	01/15/2018
01/08/2018	EPR OID:101037458-ComisaryPur	-50.73	6.38	0.00	0.00	01/08/2018
01/03/2018	STATE SAVE Payroll Deduction	-2.89	57.11	0.00	0.00	01/03/2018
01/03/2018	PAYROLL Payroll Transaction	14.45	60.00	0.00	0.00	01/03/2018
* 01/03/2018	DEPMO 20751688706 BOB MORSE	45.00*	45.55	0.00	0.00	01/03/2018
12/05/2017	EPR OID:101030728-ComisaryPur	-37.25	0.55	0.00	0.00	12/05/2017
12/01/2017	STATE SAVE Payroll Deduction	-1.45	37.80	0.00	0.00	12/01/2017
12/01/2017	PAYROLL Payroll Transaction	7.23	39.25	0.00	0.00	12/01/2017
12/01/2017	THIRD PARTY CHRISTMAS BOOK SOFTCOVER	-14.24	32.02	0.00	0.00	12/01/2017
11/27/2017	EPR OID:101029206-ComisaryPur	-27.85	46.26	0.00	0.00	11/27/2017
11/01/2017	STATE SAVE Payroll Deduction	-1.45	74.11	0.00	0.00	11/01/2017
11/01/2017	PAYROLL Payroll Transaction	7.23	75.56	0.00	0.00	11/01/2017
* 10/26/2017	THIRD PARTY HIGH SCHOOL TRANSCRIPT	-5.00	68.33	0.00	0.00	10/26/2017
10/05/2017	STATE SAVE Payroll Deduction	-1.45	73.33	0.00	0.00	10/05/2017
10/05/2017	PAYROLL Payroll Transaction	7.23	74.78	0.00	0.00	10/05/2017
* 09/28/2017	DEPMO 17634094580 BOB MORSE	60.00*	67.55	0.00	0.00	09/28/2017
09/19/2017	<MEDICAL> 1 NURSE VISIT 9/11/17	-2.00	7.55	0.00	0.00	09/19/2017
09/19/2017	MEDICAL 1 NURSE VISIT 9/11/17	2.00	9.55	2.00	0.00	09/19/2017
09/18/2017	EPR OID:101015382-ComisaryPur	-3.93	9.55	0.00	0.00	09/18/2017
09/07/2017	<MEDICAL> 1 NURSE VISIT 8/29/17	-2.00	13.48	0.00	0.00	09/07/2017
09/07/2017	MEDICAL 1 NURSE VISIT 8/29/17	2.00	15.48	2.00	0.00	09/07/2017
09/07/2017	<MEDICAL> 1 NURSE VISIT 8/22/17	-2.00	15.48	0.00	0.00	09/07/2017
09/07/2017	MEDICAL 1 NURSE VISIT 8/22/17	2.00	17.48	2.00	0.00	09/07/2017
09/01/2017	STATE SAVE Payroll Deduction	-1.45	17.48	0.00	0.00	09/01/2017
09/01/2017	PAYROLL Payroll Transaction	7.23	18.93	0.00	0.00	09/01/2017
08/16/2017	<MEDICAL> 1 RX 7/27/17	-2.00	11.70	0.00	0.00	08/16/2017
08/16/2017	MEDICAL 1 RX 7/27/17	2.00	13.70	2.00	0.00	08/16/2017
07/17/2017	DEPMO 013503080 DOC FUNDS	13.70	13.70	0.00	0.00	07/17/2017

GEO LAWTON

Resident Account Summary
Thursday, March 01, 2018 @15:14

For DOC: 640457 CLARK, DAVID GEORGE

Date	Transaction Description	Amount	Balance	Owed	Held	Reference
03/01/2018	STATE SAVE Payroll Deduction	-2.89	15.48	0.00	0.00	03/01/2018
03/01/2018	PAYROLL Payroll Transaction <i>Feb</i>	14.45	18.37	0.00	0.00	03/01/2018
02/26/2018	EPR OID:101046772-ComisaryPurc	-21.26	3.92	0.00	0.00	02/26/2018
02/22/2018	<LCFPOST> POSTAGE FOR SHIPPING 2/18	-3.50	25.18	0.00	0.00	02/22/2018
02/22/2018	LCFPOST POSTAGE FOR SHIPPING 2/18	3.50	28.68	3.50	0.00	02/22/2018
02/12/2018	DEPMO 17666601639 ROBERT MORSE	17.00	28.68	0.00	0.00	02/12/2018
02/12/2018	EPR OID:101045314-ComisaryPurc	-3.48	11.68	0.00	0.00	02/12/2018
02/05/2018	EPR OID:101043514-ComisaryPurc	-5.34	15.16	0.00	0.00	02/05/2018
02/01/2018	STATE SAVE Payroll Deduction	-0.72	20.50	0.00	0.00	02/01/2018
02/01/2018	PAYROLL Payroll Transaction <i>Nov B. pay</i>	3.61	21.22	0.00	0.00	02/01/2018
02/01/2018	STATE SAVE Payroll Deduction	-0.72	17.61	0.00	0.00	02/01/2018
02/01/2018	PAYROLL Payroll Transaction <i>Oct B. pay</i>	3.61	18.33	0.00	0.00	02/01/2018
02/01/2018	STATE SAVE Payroll Deduction	-0.72	14.72	0.00	0.00	02/01/2018
02/01/2018	PAYROLL Payroll Transaction <i>Sept B. pay</i>	3.61	15.44	0.00	0.00	02/01/2018
02/01/2018	STATE SAVE Payroll Deduction	-2.89	11.83	0.00	0.00	02/01/2018
02/01/2018	PAYROLL Payroll Transaction <i>Jan</i>	14.45	14.72	0.00	0.00	02/01/2018
01/22/2018	EPR OID:101040782-ComisaryPurc	-0.77	0.27	0.00	0.00	01/22/2018
01/15/2018	EPR OID:101039307-ComisaryPurc	-5.34	1.04	0.00	0.00	01/15/2018
01/08/2018	EPR OID:101037458-ComisaryPurc	-50.73	6.38	0.00	0.00	01/08/2018
01/03/2018	STATE SAVE Payroll Deduction	-2.89	57.11	0.00	0.00	01/03/2018
01/03/2018	PAYROLL Payroll Transaction <i>Dec</i>	14.45	60.00	0.00	0.00	01/03/2018
01/03/2018	DEPMO 20751688706 BOB MORSE	45.00	45.55	0.00	0.00	01/03/2018
12/05/2017	EPR OID:101030728-ComisaryPurc	-37.25	0.55	0.00	0.00	12/05/2017
12/01/2017	STATE SAVE Payroll Deduction	-1.45	37.80	0.00	0.00	12/01/2017
12/01/2017	PAYROLL Payroll Transaction <i>Nov</i>	7.23	39.25	0.00	0.00	12/01/2017
12/01/2017	THIRD PARTY CHRISTMAS BOOK SOFTCOVER	-14.24	32.02	0.00	0.00	12/01/2017
11/27/2017	EPR OID:101029206-ComisaryPurc	-27.85	46.26	0.00	0.00	11/27/2017
11/01/2017	STATE SAVE Payroll Deduction	-1.45	74.11	0.00	0.00	11/01/2017
11/01/2017	PAYROLL Payroll Transaction <i>Oct</i>	7.23	75.56	0.00	0.00	11/01/2017
10/26/2017	THIRD PARTY HIGH SCHOOL TRANSCRIPT	-5.00	68.33	0.00	0.00	10/26/2017
10/05/2017	STATE SAVE Payroll Deduction	-1.45	73.33	0.00	0.00	10/05/2017
10/05/2017	PAYROLL Payroll Transaction <i>Sept</i>	7.23	74.78	0.00	0.00	10/05/2017
09/28/2017	DEPMO 17634094580 BOB MORSE	60.00	67.55	0.00	0.00	09/28/2017
09/19/2017	<MEDICAL> 1 NURSE VISIT 9/11/17	-2.00	7.55	0.00	0.00	09/19/2017
09/19/2017	MEDICAL 1 NURSE VISIT 9/11/17	2.00	9.55	2.00	0.00	09/19/2017
09/18/2017	EPR OID:101015382-ComisaryPurc	-3.93	9.55	0.00	0.00	09/18/2017
09/07/2017	<MEDICAL> 1 NURSE VISIT 8/29/17	-2.00	13.48	0.00	0.00	09/07/2017
09/07/2017	MEDICAL 1 NURSE VISIT 8/29/17	2.00	15.48	2.00	0.00	09/07/2017
09/07/2017	<MEDICAL> 1 NURSE VISIT 8/22/17	-2.00	15.48	0.00	0.00	09/07/2017
09/07/2017	MEDICAL 1 NURSE VISIT 8/22/17	2.00	17.48	2.00	0.00	09/07/2017
09/01/2017	STATE SAVE Payroll Deduction	-1.45	17.48	0.00	0.00	09/01/2017
09/01/2017	PAYROLL Payroll Transaction	7.23	18.93	0.00	0.00	09/01/2017

Level 3 9-1-17 (B. pay Sept, Oct, Nov)

Level 4 12-1-17

GEO LAWTON

Resident Account Summary

Wednesday, April 25, 2018 @15:55

For DOC: 640457 CLARK, DAVID GEORGE

Date	Transaction	Description	Amount	Balance	Owed	Held	Reference
04/19/2018	THIRD PARTY	GIRLS (1,000 PEN-PAL ADDR)	-22.00	10.37	0.00	0.00	04/19/2018
04/17/2018	ERF	OID:101053010-ComisaryRef	14.64	32.37	0.00	0.00	04/17/2018
04/02/2018	STATE SAVE	Payroll Deduction	-2.89	17.73	0.00	0.00	04/02/2018
04/02/2018	PAYROLL	Payroll Transaction	14.45	20.62	0.00	0.00	04/02/2018
03/29/2018	DEPMO	004098 REFUND FOR TRANSCR	5.00	6.17	0.00	0.00	03/29/2018
03/26/2018	EPR	OID:101053010-ComisaryPur	-14.64	1.17	0.00	0.00	03/26/2018
03/20/2018	ERF	OID:101046772-ComisaryRef	14.64	15.81	0.00	0.00	03/20/2018
03/19/2018	EPR	OID:101051777-ComisaryPur	-2.14	1.17	0.00	0.00	03/19/2018
03/12/2018	EPR	OID:101050076-ComisaryPur	-0.50	3.31	0.00	0.00	03/12/2018
03/08/2018	FUNDRAISER	PIZZA FUNDRAISER	-7.00	3.81	0.00	0.00	03/08/2018
03/05/2018	EPR	OID:101048288-ComisaryPur	-4.67	10.81	0.00	0.00	03/05/2018
03/01/2018	STATE SAVE	Payroll Deduction	-2.89	15.48	0.00	0.00	03/01/2018
03/01/2018	PAYROLL	Payroll Transaction	14.45	18.37	0.00	0.00	03/01/2018
02/26/2018	EPR	OID:101046772-ComisaryPur	-21.26	3.92	0.00	0.00	02/26/2018
02/22/2018	<LCFPOST>	POSTAGE FOR SHIPPING 2/18,	-3.50	25.18	0.00	0.00	02/22/2018
02/22/2018	LCFPOST	POSTAGE FOR SHIPPING 2/18,	3.50	28.68	3.50	0.00	02/22/2018
02/12/2018	DEPMO	17666601639 ROBERT MORSE	17.00	28.68	0.00	0.00	02/12/2018
02/12/2018	EPR	OID:101045314-ComisaryPur	-3.48	11.68	0.00	0.00	02/12/2018
02/05/2018	EPR	OID:101043514-ComisaryPur	-5.34	15.16	0.00	0.00	02/05/2018
02/01/2018	STATE SAVE	Payroll Deduction	-0.72	20.50	0.00	0.00	02/01/2018
02/01/2018	PAYROLL	Payroll Transaction	3.61	21.22	0.00	0.00	02/01/2018
02/01/2018	STATE SAVE	Payroll Deduction	-0.72	17.61	0.00	0.00	02/01/2018
02/01/2018	PAYROLL	Payroll Transaction	3.61	18.33	0.00	0.00	02/01/2018
02/01/2018	STATE SAVE	Payroll Deduction	-0.72	14.72	0.00	0.00	02/01/2018
02/01/2018	PAYROLL	Payroll Transaction	3.61	15.44	0.00	0.00	02/01/2018
02/01/2018	STATE SAVE	Payroll Deduction	-2.89	11.83	0.00	0.00	02/01/2018
02/01/2018	PAYROLL	Payroll Transaction	14.45	14.72	0.00	0.00	02/01/2018
01/22/2018	EPR	OID:101040782-ComisaryPur	-0.77	0.27	0.00	0.00	01/22/2018
01/15/2018	EPR	OID:101039307-ComisaryPur	-5.34	1.04	0.00	0.00	01/15/2018
01/08/2018	EPR	OID:101037458-ComisaryPur	-50.73	6.38	0.00	0.00	01/08/2018
01/03/2018	STATE SAVE	Payroll Deduction	-2.89	57.11	0.00	0.00	01/03/2018
01/03/2018	PAYROLL	Payroll Transaction	14.45	60.00	0.00	0.00	01/03/2018
01/03/2018	DEPMO	20751688706 BOB MORSE	45.00	45.55	0.00	0.00	01/03/2018
12/05/2017	EPR	OID:101030728-ComisaryPur	-37.25	0.55	0.00	0.00	12/05/2017
12/01/2017	STATE SAVE	Payroll Deduction	-1.45	37.80	0.00	0.00	12/01/2017
12/01/2017	PAYROLL	Payroll Transaction	7.23	39.25	0.00	0.00	12/01/2017
12/01/2017	THIRD PARTY	CHRISTMAS BOOK SOFTCOVER	-14.24	32.02	0.00	0.00	12/01/2017
11/27/2017	EPR	OID:101029206-ComisaryPur	-27.85	46.26	0.00	0.00	11/27/2017
11/01/2017	STATE SAVE	Payroll Deduction	-1.45	74.11	0.00	0.00	11/01/2017
11/01/2017	PAYROLL	Payroll Transaction	7.23	75.56	0.00	0.00	11/01/2017
10/26/2017	THIRD PARTY	HIGH SCHOOL TRANSCRIPT	-5.00	68.33	0.00	0.00	10/26/2017
10/05/2017	STATE SAVE	Payroll Deduction	-1.45	73.33	0.00	0.00	10/05/2017
10/05/2017	PAYROLL	Payroll Transaction	7.23	74.78	0.00	0.00	10/05/2017
09/28/2017	DEPMO	17634094580 BOB MORSE	60.00	67.55	0.00	0.00	09/28/2017
09/19/2017	<MEDICAL>	1 NURSE VISIT 9/11/17	-2.00	7.55	0.00	0.00	09/19/2017
09/19/2017	MEDICAL	1 NURSE VISIT 9/11/17	2.00	9.55	2.00	0.00	09/19/2017
09/18/2017	EPR	OID:101015382-ComisaryPur	-3.93	9.55	0.00	0.00	09/18/2017
09/07/2017	<MEDICAL>	1 NURSE VISIT 8/29/17	-2.00	13.48	0.00	0.00	09/07/2017
09/07/2017	MEDICAL	1 NURSE VISIT 8/29/17	2.00	15.48	2.00	0.00	09/07/2017
09/07/2017	<MEDICAL>	1 NURSE VISIT 8/22/17	-2.00	15.48	0.00	0.00	09/07/2017
09/07/2017	MEDICAL	1 NURSE VISIT 8/22/17	2.00	17.48	2.00	0.00	09/07/2017
09/01/2017	STATE SAVE	Payroll Deduction	-1.45	17.48	0.00	0.00	09/01/2017
09/01/2017	PAYROLL	Payroll Transaction	7.23	18.93	0.00	0.00	09/01/2017
08/16/2017	<MEDICAL>	1 RX 7/27/17	-2.00	11.70	0.00	0.00	08/16/2017
08/16/2017	MEDICAL	1 RX 7/27/17	2.00	13.70	2.00	0.00	08/16/2017
07/17/2017	DEPMO	013503080 DOC FUNDS	-13.70	13.70	0.00	0.00	07/17/2017

GEO LAWTON

Resident Account Summary

Wednesday, May 30, 2018 @14:25

For DOC: 640457 CLARK, DAVID GEORGE

Date	Transaction Description	Amount	Balance	Owed	Held	Reference
05/19/2018	PHONE PURCH. PHONE TIME PURCHASE	-2.00	15.93	0.00	0.00	05/19/2018
05/15/2018	<MEDICAL> 1 RX 1 PROVIDER VISIT 5/3.	-4.00	17.93	0.00	0.00	05/15/2018
05/15/2018	MEDICAL 1 RX 1 PROVIDER VISIT 5/3.	4.00	21.93	4.00	0.00	05/15/2018
05/01/2018	STATE SAVE Payroll Deduction	-2.89	21.93	0.00	0.00	05/01/2018
05/01/2018	PAYROLL Payroll Transaction	14.45	24.82	0.00	0.00	05/01/2018
04/19/2018	THIRD PARTY GIRLS (1,000 PEN-PAL ADDR)	-22.00	10.37	0.00	0.00	04/19/2018
04/17/2018	ERF OID:101053010-ComisaryRefu	14.64	32.37	0.00	0.00	04/17/2018
04/02/2018	STATE SAVE Payroll Deduction	-2.89	17.73	0.00	0.00	04/02/2018
04/02/2018	PAYROLL Payroll Transaction	14.45	20.62	0.00	0.00	04/02/2018
03/29/2018	DEPMO 004098 REFUND FOR TRANSCR	5.00	6.17	0.00	0.00	03/29/2018
03/26/2018	EPR OID:101053010-ComisaryPurc	-14.64	1.17	0.00	0.00	03/26/2018
03/20/2018	ERF OID:101046772-ComisaryRefu	14.64	15.81	0.00	0.00	03/20/2018
03/19/2018	EPR OID:101051777-ComisaryPurc	-2.14	1.17	0.00	0.00	03/19/2018
03/12/2018	EPR OID:101050076-ComisaryPurc	-0.50	3.31	0.00	0.00	03/12/2018
03/08/2018	FUNDRAISER PIZZA FUNDRAISER	-7.00	3.81	0.00	0.00	03/08/2018
03/05/2018	EPR OID:101048288-ComisaryPurc	-4.67	10.81	0.00	0.00	03/05/2018
03/01/2018	STATE SAVE Payroll Deduction	-2.89	15.48	0.00	0.00	03/01/2018
03/01/2018	PAYROLL Payroll Transaction	14.45	18.37	0.00	0.00	03/01/2018
02/26/2018	EPR OID:101046772-ComisaryPurc	-21.26	3.92	0.00	0.00	02/26/2018
02/22/2018	<LCFPOST> POSTAGE FOR SHIPPING 2/18,	-3.50	25.18	0.00	0.00	02/22/2018
02/22/2018	LCFPOST POSTAGE FOR SHIPPING 2/18,	3.50	28.68	3.50	0.00	02/22/2018
02/12/2018	DEPMO 17666601639 ROBERT MORSE	17.00	28.68	0.00	0.00	02/12/2018
02/12/2018	EPR OID:101045314-ComisaryPurc	-3.48	11.68	0.00	0.00	02/12/2018
02/05/2018	EPR OID:101043514-ComisaryPurc	-5.34	15.16	0.00	0.00	02/05/2018
02/01/2018	STATE SAVE Payroll Deduction	-0.72	20.50	0.00	0.00	02/01/2018
02/01/2018	PAYROLL Payroll Transaction	3.61	21.22	0.00	0.00	02/01/2018
02/01/2018	STATE SAVE Payroll Deduction	-0.72	17.61	0.00	0.00	02/01/2018
02/01/2018	PAYROLL Payroll Transaction	3.61	18.33	0.00	0.00	02/01/2018
02/01/2018	STATE SAVE Payroll Deduction	-0.72	14.72	0.00	0.00	02/01/2018
02/01/2018	PAYROLL Payroll Transaction	3.61	15.44	0.00	0.00	02/01/2018
02/01/2018	STATE SAVE Payroll Deduction	-2.89	11.83	0.00	0.00	02/01/2018
02/01/2018	PAYROLL Payroll Transaction	14.45	14.72	0.00	0.00	02/01/2018
01/22/2018	EPR OID:101040782-ComisaryPurc	-0.77	0.27	0.00	0.00	01/22/2018
01/15/2018	EPR OID:101039307-ComisaryPurc	-5.34	1.04	0.00	0.00	01/15/2018
01/08/2018	EPR OID:101037458-ComisaryPurc	-50.73	6.38	0.00	0.00	01/08/2018
01/03/2018	STATE SAVE Payroll Deduction	-2.89	57.11	0.00	0.00	01/03/2018
01/03/2018	PAYROLL Payroll Transaction	14.45	60.00	0.00	0.00	01/03/2018
01/03/2018	DEPMO 20751688706 BOB MORSE	45.00	45.55	0.00	0.00	01/03/2018

GEO LAWTON

Resident Account Summary
Tuesday, June 26, 2018 @09:28

For DOC: 640457 CLARK, DAVID GEORGE

Date	Transaction	Description	Amount	Balance	Owed	Held	Reference
06/18/2018	EPR	OID:101070714-ComisaryPurc	-1.74	0.75	0.00	0.00	06/18/2018
06/11/2018	EPR	OID:101069260-ComisaryPurc	-4.69	2.49	0.00	0.00	06/11/2018
06/04/2018	EPR	OID:101067654-ComisaryPurc	-20.31	7.18	0.00	0.00	06/04/2018
06/01/2018	STATE SAVE	Payroll Deduction	-2.89	27.49	0.00	0.00	06/01/2018
06/01/2018	PAYROLL	Payroll Transaction	14.45	30.38	0.00	0.00	06/01/2018
05/19/2018	PHONE PURCH.	PHONE TIME PURCHASE	-2.00	15.93	0.00	0.00	05/19/2018
05/15/2018	<MEDICAL>	1 RX 1 PROVIDER VISIT 5/3.	-4.00	17.93	0.00	0.00	05/15/2018
05/15/2018	MEDICAL	1 RX 1 PROVIDER VISIT 5/3.	4.00	21.93	4.00	0.00	05/15/2018
05/01/2018	STATE SAVE	Payroll Deduction	-2.89	21.93	0.00	0.00	05/01/2018
05/01/2018	PAYROLL	Payroll Transaction	14.45	24.82	0.00	0.00	05/01/2018
04/19/2018	THIRD PARTY	GIRLS (1,000 PEN-PAL ADDR)	-22.00	10.37	0.00	0.00	04/19/2018
04/17/2018	ERF	OID:101053010-ComisaryRef	<u>14.64</u>	<u>32.37</u>	0.00	0.00	04/17/2018
04/02/2018	STATE SAVE	Payroll Deduction	-2.89	17.73	0.00	0.00	04/02/2018
04/02/2018	PAYROLL	Payroll Transaction	14.45	20.62	0.00	0.00	04/02/2018
03/29/2018	DEPMO	004098 REFUND FOR TRANSCR	<u>5.00</u>	<u>6.17</u>	0.00	0.00	03/29/2018
03/26/2018	EPR	OID:101053010-ComisaryPurc	-14.64	1.17	0.00	0.00	03/26/2018
03/20/2018	ERF	OID:101046772-ComisaryRef	<u>14.64</u>	<u>15.81</u>	0.00	0.00	03/20/2018
03/19/2018	EPR	OID:101051777-ComisaryPurc	-2.14	1.17	0.00	0.00	03/19/2018
03/12/2018	EPR	OID:101050076-ComisaryPurc	-0.50	3.31	0.00	0.00	03/12/2018
03/08/2018	FUNDRAISER	PIZZA FUNDRAISER	-7.00	3.81	0.00	0.00	03/08/2018
03/05/2018	EPR	OID:101048288-ComisaryPurc	-4.67	10.81	0.00	0.00	03/05/2018
03/01/2018	STATE SAVE	Payroll Deduction	-2.89	15.48	0.00	0.00	03/01/2018
03/01/2018	PAYROLL	Payroll Transaction	14.45	18.37	0.00	0.00	03/01/2018
02/26/2018	EPR	OID:101046772-ComisaryPurc	-21.26	3.92	0.00	0.00	02/26/2018
02/22/2018	<LCFPOST>	POSTAGE FOR SHIPPING 2/18.	-3.50	25.18	0.00	0.00	02/22/2018
02/22/2018	LCFPOST	POSTAGE FOR SHIPPING 2/18.	3.50	28.68	3.50	0.00	02/22/2018
02/12/2018	DEPMO	17666601639 ROBERT MORSE	17.00	28.68	0.00	0.00	02/12/2018
02/12/2018	EPR	OID:101045314-ComisaryPurc	-3.48	11.68	0.00	0.00	02/12/2018
02/05/2018	EPR	OID:101043514-ComisaryPurc	-5.34	15.16	0.00	0.00	02/05/2018
02/01/2018	STATE SAVE	Payroll Deduction	-0.72	20.50	0.00	0.00	02/01/2018
02/01/2018	PAYROLL	Payroll Transaction	3.61	21.22	0.00	0.00	02/01/2018
02/01/2018	STATE SAVE	Payroll Deduction	-0.72	17.61	0.00	0.00	02/01/2018
02/01/2018	PAYROLL	Payroll Transaction	3.61	18.33	0.00	0.00	02/01/2018
02/01/2018	STATE SAVE	Payroll Deduction	-0.72	14.72	0.00	0.00	02/01/2018
02/01/2018	PAYROLL	Payroll Transaction	3.61	15.44	0.00	0.00	02/01/2018
02/01/2018	STATE SAVE	Payroll Deduction	-2.89	11.83	0.00	0.00	02/01/2018
02/01/2018	PAYROLL	Payroll Transaction	14.45	14.72	0.00	0.00	02/01/2018
01/22/2018	EPR	OID:101040782-ComisaryPurc	-0.77	0.27	0.00	0.00	01/22/2018
01/15/2018	EPR	OID:101039307-ComisaryPurc	-5.34	1.04	0.00	0.00	01/15/2018
01/08/2018	EPR	OID:101037458-ComisaryPurc	-50.73	6.38	0.00	0.00	01/08/2018
01/03/2018	STATE SAVE	Payroll Deduction	-2.89	57.11	0.00	0.00	01/03/2018
01/03/2018	PAYROLL	Payroll Transaction	14.45	60.00	0.00	0.00	01/03/2018
01/03/2018	DEPMO	20751688706 BOB MORSE	45.00	45.55	0.00	0.00	01/03/2018
12/05/2017	EPR	OID:101030728-ComisaryPurc	-37.25	0.55	0.00	0.00	12/05/2017
12/01/2017	STATE SAVE	Payroll Deduction	-1.45	37.80	0.00	0.00	12/01/2017
12/01/2017	PAYROLL	Payroll Transaction	7.23	39.25	0.00	0.00	12/01/2017
12/01/2017	THIRD PARTY	CHRISTMAS BOOK SOFTCOVER	-14.24	32.02	0.00	0.00	12/01/2017
11/27/2017	EPR	OID:101029206-ComisaryPurc	-27.85	46.26	0.00	0.00	11/27/2017
11/01/2017	STATE SAVE	Payroll Deduction	-1.45	74.11	0.00	0.00	11/01/2017
11/01/2017	PAYROLL	Payroll Transaction	7.23	75.56	0.00	0.00	11/01/2017
10/26/2017	THIRD PARTY	HIGH SCHOOL TRANSCRIPT	-5.00	68.33	0.00	0.00	10/26/2017
10/05/2017	STATE SAVE	Payroll Deduction	-1.45	73.33	0.00	0.00	10/05/2017
10/05/2017	PAYROLL	Payroll Transaction	7.23	74.78	0.00	0.00	10/05/2017
09/28/2017	DEPMO	17634094580 BOB MORSE	60.00	67.55	0.00	0.00	09/28/2017
09/19/2017	<MEDICAL>	1 NURSE VISIT 9/11/17	-2.00	7.55	0.00	0.00	09/19/2017
09/19/2017	MEDICAL	1 NURSE VISIT 9/11/17	2.00	9.55	2.00	0.00	09/19/2017
09/18/2017	EPR	OID:101015382-ComisaryPurc	-3.93	9.55	0.00	0.00	09/18/2017
09/07/2017	<MEDICAL>	1 NURSE VISIT 8/29/17	-2.00	13.48	0.00	0.00	09/07/2017

GEO LAWTON

Resident Account Summary
 Tuesday, June 26, 2018 @09:28

For DOC: 640457 CLARK, DAVID GEORGE

Date	Transaction Description	Amount	Balance	Owed	Held	Reference
09/07/2017	MEDICAL 1 NURSE VISIT 8/29/17	2.00	15.48	2.00	0.00	09/07/2017
09/07/2017	<MEDICAL> 1 NURSE VISIT 8/22/17	-2.00	15.48	0.00	0.00	09/07/2017
09/07/2017	MEDICAL 1 NURSE VISIT 8/22/17	2.00	17.48	2.00	0.00	09/07/2017
09/01/2017	STATE SAVE Payroll Deduction	-1.45	17.48	0.00	0.00	09/01/2017
09/01/2017	PAYROLL Payroll Transaction	7.23	18.93	0.00	0.00	09/01/2017
08/16/2017	<MEDICAL> 1 RX 7/27/17	-2.00	11.70	0.00	0.00	08/16/2017
08/16/2017	MEDICAL 1 RX 7/27/17	2.00	13.70	2.00	0.00	08/16/2017
07/17/2017	DEPMO 013503080 DOC FUNDS	13.70	13.70	0.00	0.00	07/17/2017

DOC #: 640457

Offender Property Inventory

To be used for Medical/RHU only

ARTICLE	DESCRIPTION/IDENTIFICATION	ARTICLE	DESCRIPTION/IDENTIFICATION
Television		Radio	
Headphones		Hotpot	5 CUP HOT/WESTBAND
Razor/Trimmer		Watch	
MP3 Player		Clock Radio	

ARTICLE	AMOUNT	CODE	ARTICLE	AMOUNT	CODE	RHU ITEMS	AMOUNT
Books-Hardback			Powder, Bath			Address Book	
Books-Legal		P	Razor, Disposable	1	P	Bible	
Books-Magazines	10	P	Remote			Blanket, White	1
Books-Paperback	6	P	Ring			Blanket, Wool	1
Bowl	1	P	Rubber Boots			Box of Envelopes	
Calculator			Shaving Cream			Boxer Shorts	3
Can Opener			Shoes-Personal			Comb/Brush	3/5K
Canteen Bag	1	P	Shoes-State			Deodorant	1
Cap, Baseball			Shorts, Gym	1	P	Glasses, Case	
Cap, Stocking	1	P	Spoon	1	P	Glasses, Regular	
Cards, Playing			Sweatpants			Laundry Bag	1
Clock			Sweatshirt	1	P	Mattress	1
Combination Lock			Thermal, Bottom			Pants, Blue	2
Conditioner			Thermal, Top			Pen/Pencil	3
Cup, Plastic	1	P	T-shirts	1	P	Pillow	
Electric Power Bar			TV Cable			Pillowcase	
Fingernail Clippers			Vaseline	2	P	Shampoo	1
Glasses, Sun			Vitamins			Sheet	1
Gloves			Canteen Items			Shirts, Blue	2
Hair Dressing			styling Gel	1		Shower Shoes	1
Hand Lotion			A-Scrub	1		Soap, Bath	
Handkerchief						Soap, Dish	
Ice Chest/Cooler						Socks	6 TP
Jacket						Stamps	
Lamp, Reading						Toilet Paper	
Legal Papers	7					Toothbrush	
Letters, Personal						Toothbrush holder	
Mirror						Toothpaste	
Photo Album	1	P				Towels	2
Picture Frame						Wash Clothes	1
Pictures						Writing Tablet	1

CODES: K-KEPT P-PROPERTY C-CONFISCATED D-DESTROYED

RHU ITEMS

Items to be given to offender at time of placement in Restricted Housing Unit

Inventory Date and Time	Officer Name (Print)	Offender Signature/DOC
4/16/18	R. Reyes	
Date Returned	Officer Signature	Offender Signature/DOC
		640457

All opened/perishable items will not be stored.

GEO LAWTON

Sent Order 101046772 for CLARK, DAVID GEORGE
 Tuesday, March 20, 2018 @09:41

ID 640457 Order # 101046772 Name CLARK, DAVID GEORGE
 Order Date 2018-02-26 Location H6 C C102 Order Form LEVEL FOUR

Alias Description	Qty	Price	Extend	Tax	Total	Status
6842 RADIO AM/FM DIGITAL ALARM CLOCK	1	13.43	13.43	1.21	14.64	Sent
0397 NEXT1 COCOA BTTR SOAP 5OZ	2	1.35	2.70	0.24	2.94	Sent
1091 BLACK PEN (PLASTIC CLIP)	1	0.45	0.45	0.04	0.49	Sent
1483 AJAX DISH LIQUID LEMON	1	1.50	1.50	0.14	1.64	Sent
1001 LARGE STAMPED ENVELOPE	2	0.71	1.42	0.13	1.55	Sent
Order Total		19.50		1.76	21.26	

Alias Description	Qty	Price	Extend	Tax	Total	Sent
6842 RADIO AM/FM DIGITAL ALARM CLOCK	1	13.43	13.43	1.21	14.64	No
Refund Total		13.43		1.21	14.64	

Category	Max Limit	Current	Funds Available
Order Form Max Limit (\$999.99)	999.99	0.00	25.18
Commissary Items	109.00	0.00	
Phone Cards	0.00	0.00	

GEO LAWTON

Sent Order 101053010 for CLARK, DAVID GEORGE
 Tuesday, April 17, 2018 @08:27

ID 640457 Order # 101053010 Name CLARK, DAVID GEORGE
 Order Date 2018-03-26 Location SE2 A A111 Order Form LEVEL FOUR

Alias Description	Qty	Price	Extend	Tax	Total	Status
6842 RADIO_AM/FM DIGITAL ALARM CLOCK	1	13.43	13.43	1.21	14.64	Sent
Order Total		13.43		1.21	14.64	

Alias Description	Qty	Price	Extend	Tax	Total	Sent
6842 RADIO_AM/FM DIGITAL ALARM CLOCK	1	13.43	13.43	1.21	14.64	No
Refund Total		13.43		1.21	14.64	

Category	Max Limit	Current	Funds Available
Order Form Max Limit (\$999.99)	999.99	0.00	15.81
Commissary Items	109.00	0.00	
Phone Cards	0.00	0.00	

GEO LAWTON

Inmate Statment for 12/31/2017 - 2/4/2018

ID#: 640457

Name: CLARK, DAVID GEORGE

Date of birth: 1982-04-10

Location: H6 - C - C102

Balances as of 2/4/2018 :

Available	- Debt	+ Encumbered	= Account Balance
20.50	0.00	0.00	20.50

Account activity:

Resulting Balances

Date	Transaction Type	Transaction Description	Amount	Available	Debt	Encumbered
1/3/2018	DEPMO	20751688706 BOB MORSE	45.00	45.55	0.00	0.00
1/3/2018	PAYROLL	Payroll Transaction	14.45	60.00	0.00	0.00
1/3/2018	STATE SAVE	Payroll Deduction	-2.89	57.11	0.00	0.00
1/8/2018	EPR	OID:101037458-ComisaryPurch-Reg	-50.73	6.38	0.00	0.00
1/15/2018	EPR	OID:101039307-ComisaryPurch-Reg	-5.34	1.04	0.00	0.00
1/22/2018	EPR	OID:101040782-ComisaryPurch-Reg	-0.77	0.27	0.00	0.00
2/1/2018	PAYROLL	Payroll Transaction	14.45	14.72	0.00	0.00
2/1/2018	STATE SAVE	Payroll Deduction	-2.89	11.83	0.00	0.00
2/1/2018	PAYROLL	Payroll Transaction	3.61	15.44	0.00	0.00
2/1/2018	STATE SAVE	Payroll Deduction	-0.72	14.72	0.00	0.00
2/1/2018	PAYROLL	Payroll Transaction	3.61	18.33	0.00	0.00
2/1/2018	STATE SAVE	Payroll Deduction	-0.72	17.61	0.00	0.00
2/1/2018	PAYROLL	Payroll Transaction	3.61	21.22	0.00	0.00
2/1/2018	STATE SAVE	Payroll Deduction	-0.72	20.50	0.00	0.00

Due to computer posting the 'Balances as of 2/4/2018' may not reflect all transactions posted for this period. Carefully review the information on this statement. If you question or dispute any item you must submit a request form to the inmate accounts office within 30 days.

GEO LAWTON

Inmate Statment for 2/3/2018 - 3/4/2018

ID#: 640457

Name: CLARK, DAVID GEORGE

Date of birth: 1982-04-10

Location: H6 - C - C102

Balances as of 3/4/2018 :

Available	- Debt	+ Encumbered	= Account Balance
15.48	0.00	0.00	15.48

Account activity:

Resulting Balances

Date	Transaction Type	Transaction Description	Amount	Available	Debt	Encumbered
2/5/2018	EPR	OID:101043514-ComisaryPurch-Reg	-5.34	15.16	0.00	0.00
2/12/2018	EPR	OID:101045314-ComisaryPurch-Reg	-3.48	11.68	0.00	0.00
2/12/2018	DEPMO	17666601639 ROBERT MORSE	17.00	28.68	0.00	0.00
2/22/2018	<LCFPOST>	POSTAGE FOR SHIIPPING 2/18/18	-3.50	25.18	-3.50	0.00
2/22/2018	LCFPOST	POSTAGE FOR SHIIPPING 2/18/18	3.50	25.18	0.00	0.00
2/26/2018	EPR	OID:101046772-ComisaryPurch-Reg	-21.26	3.92	0.00	0.00
3/1/2018	PAYROLL	Payroll Transaction	14.45	18.37	0.00	0.00
3/1/2018	STATE SAVE	Payroll Deduction	-2.89	15.48	0.00	0.00

Due to computer posting the 'Balances as of 3/4/2018' may not reflect all trransactions posted for this period. Carefully review the information on this statement. If you question or dispute any item you must submit a request form to the inmate accounts office within 30 days.

GEO LAWTON

Inmate Statement for 3/1/2018 - 4/7/2018

ID#: 640457

Name: CLARK, DAVID GEORGE

Date of birth: 1982-04-10

Location: SE2 - A - A111

Balances as of 4/7/2018 :

Available	- Debt	+ Encumbered	= Account Balance
17.73	0.00	0.00	17.73

Account activity:

Resulting Balances

Date	Transaction Type	Transaction Description	Amount	Available	Debt	Encumbered
3/5/2018	EPR	OID:101048288-ComisaryPurch-Reg	-4.67	-0.75	0.00	0.00
3/8/2018	FUNDRAISER	PIZZA FUNDRAISER	-7.00	-7.75	0.00	0.00
3/12/2018	EPR	OID:101050076-ComisaryPurch-Reg	-0.50	-8.25	0.00	0.00
3/19/2018	EPR	OID:101051777-ComisaryPurch-Reg	-2.14	-10.39	0.00	0.00
X 3/20/2018	ERF	OID:101046772-ComisaryRefund-Reg	14.64	4.25	0.00	0.00
X 3/26/2018	EPR	OID:101053010-ComisaryPurch-Reg	-14.64	-10.39	0.00	0.00
X 3/29/2018	DEPMO	004098 REFUND FOR TRANSCRIPTS	5.00	-5.39	0.00	0.00
X 4/2/2018	PAYROLL	Payroll Transaction	14.45	9.06	0.00	0.00
4/2/2018	STATE SAVE	Payroll Deduction	-2.89	6.17	0.00	0.00

Due to computer posting the 'Balances as of 4/7/2018' may not reflect all transactions posted for this period. Carefully review the information on this statement. If you question or dispute any item you must submit a request form to the inmate accounts office within 30 days.

GEO LAWTON

Inmate Statment for -

ID#: 640457

Name: CLARK, DAVID GEORGE

Date of birth: 1982-04-10

Location: SE - A - A202

Balances as of :

Available	- Debt	+ Encumbered	= Account Balance
21.93	0.00	0.00	21.93

Account activity:

Resulting Balances

Date	Transaction Type	Transaction Description	Amount	Available	Debt	Encumbered
4/2/2018	PAYROLL	Payroll Transaction	14.45	20.62	0.00	0.00
4/2/2018	STATE SAVE	Payroll Deduction	-2.89	17.73	0.00	0.00
4/17/2018	ERF	OID:101053010-ComisaryRefund-Reg	14.64	32.37	0.00	0.00
4/19/2018	THIRD PARTY CHK	GIRLS (1,000 PEN-PAL ADDRESSES)	-22.00	10.37	0.00	0.00
5/1/2018	PAYROLL	Payroll Transaction	14.45	24.82	0.00	0.00
5/1/2018	STATE SAVE	Payroll Deduction	-2.89	21.93	0.00	0.00

Due to computer posting the 'Balances as of' may not reflect all transactions posted for this period.
 Carefully review the information on this statement. If you question or dispute any item you must submit
 a request form to the inmate accounts office within 30 days.

GEO LAWTON

Inmate Statment for -

ID#: 640457

Name: CLARK, DAVID GEORGE

Date of birth: 1982-04-10

Location: H7 - B - B205

Balances as of :

Available	- Debt	+ Encumbered	= Account Balance
7.18	0.00	0.00	7.18

Account activity:

Resulting Balances

Date	Transaction Type	Transaction Description	Amount	Available	Debt	Encumbered
5/15/2018	<MEDICAL>	1 RX 1 PROVIDER VISIT 5/3/18	-4.00	6.37	-4.00	0.00
5/15/2018	MEDICAL	1 RX 1 PROVIDER VISIT 5/3/18	4.00	6.37	0.00	0.00
5/19/2018	PHONE PURCHASE	PHONE TIME PURCHASE	-2.00	4.37	0.00	0.00
5/19/2018		PHONE CALL CHARGE AUTHORIZATION	2.00	2.37	0.00	2.00
5/19/2018		PHONE CALL CHARGE AUTHORIZATION	-2.00	4.37	0.00	0.00
6/1/2018	STATE SAVE	Payroll Deduction	-2.89	1.48	0.00	0.00
6/1/2018	PAYROLL	Payroll Transaction	14.45	15.93	0.00	0.00
6/4/2018	EPR	OID:101067654-ComisaryPurch-Reg	-20.31	-4.38	0.00	0.00

Due to computer posting the 'Balances as of' may not reflect all transactions posted for this period.
 Carefully review the information on this statement. If you question or dispute any item you must submit
 a request form to the inmate accounts office within 30 days.

GEO LAWTON

Inmate Statment for 10/2/2017 - 11/7/2017

ID#: 640457

Name: CLARK, DAVID GEORGE

Date of birth: 1982-04-10

Location: SE - B - B102

Balances as of 11/7/2017 :

Available	- Debt	+ Encumbered	= Account Balance
74.11	0.00	0.00	74.11

Account activity:

Resulting Balances

Date	Transaction Type	Transaction Description	Amount	Available	Debt	Encumbered
10/5/2017	STATE SAVE	Payroll Deduction	-1.45	66.10	0.00	0.00
10/5/2017	PAYROLL	Payroll Transaction	7.23	73.33	0.00	0.00
10/26/2017	THIRD PARTY CHK	HIGH SCHOOL TRANSCRIPT	-5.00	68.33	0.00	0.00
11/1/2017	PAYROLL	Payroll Transaction	7.23	75.56	0.00	0.00
11/1/2017	STATE SAVE	Payroll Deduction	-1.45	74.11	0.00	0.00

Due to computer posting the 'Balances as of 11/7/2017' may not reflect all transactions posted for this period. Carefully review the information on this statement. If you question or dispute any item you must submit a request form to the inmate accounts office within 30 days.

GEO LAWTON

Resident Account Summary
Friday, November 17, 2017 @12:35

For DOC: 640457 CLARK, DAVID GEORGE

Date	Transaction Description	Amount	Balance	Owed	Held	Reference
11/01/2017	STATE SAVE Payroll Deduction	-1.45	74.11	0.00	0.00	11/01/2017
11/01/2017	PAYROLL Payroll Transaction	7.23	75.56	0.00	0.00	11/01/2017
10/26/2017	THIRD PARTY HIGH SCHOOL TRANSCRIPT	-5.00	68.33	0.00	0.00	10/26/2017
10/05/2017	STATE SAVE Payroll Deduction	-1.45	73.33	0.00	0.00	10/05/2017
10/05/2017	PAYROLL Payroll Transaction	7.23	74.78	0.00	0.00	10/05/2017
09/28/2017	DEPMO 17634094580 BOB MORSE	60.00	67.55	0.00	0.00	09/28/2017
09/19/2017	<MEDICAL> 1 NURSE VISIT 9/11/17	-2.00	7.55	0.00	0.00	09/19/2017
09/19/2017	MEDICAL 1 NURSE VISIT 9/11/17	2.00	9.55	2.00	0.00	09/19/2017
09/18/2017	EPR QID:101015382-ComisaryPurc	-3.93	9.55	0.00	0.00	09/18/2017
09/07/2017	<MEDICAL> 1 NURSE VISIT 8/29/17	-2.00	13.48	0.00	0.00	09/07/2017
09/07/2017	MEDICAL 1 NURSE VISIT 8/29/17	2.00	15.48	2.00	0.00	09/07/2017
09/07/2017	<MEDICAL> 1 NURSE VISIT 8/22/17	-2.00	15.48	0.00	0.00	09/07/2017
09/07/2017	MEDICAL 1 NURSE VISIT 8/22/17	2.00	17.48	2.00	0.00	09/07/2017
09/01/2017	STATE SAVE Payroll Deduction	-1.45	17.48	0.00	0.00	09/01/2017
09/01/2017	PAYROLL Payroll Transaction	7.23	18.93	0.00	0.00	09/01/2017
08/16/2017	<MEDICAL> 1 RX 7/27/17	-2.00	11.70	0.00	0.00	08/16/2017
08/16/2017	MEDICAL 1 RX 7/27/17	2.00	13.70	2.00	0.00	08/16/2017
07/17/2017	DEPMO 013503080 DOC FUNDS	13.70	13.70	0.00	0.00	07/17/2017

GEO LAWTON

Resident Account Summary

Wednesday, December 13, 2017 @13:12

For DOC: 640457 CLARK, DAVID GEORGE

Date	Transaction Description	Amount	Balance	Owed	Held	Reference	
12/05/2017	EPR	OID:101030728-ComisaryPurc	-37.25	0.55	0.00	0.00	12/05/2017
12/01/2017	STATE SAVE	Payroll Deduction	-1.45	37.80	0.00	0.00	12/01/2017
12/01/2017	PAYROLL	Payroll Transaction	7.23	39.25	0.00	0.00	12/01/2017
12/01/2017	THIRD PARTY	CHRISTMAS BOOK SOFTCOVER	-14.24	32.02	0.00	0.00	12/01/2017
11/27/2017	EPR	OID:101029206-ComisaryPurc	-27.85	46.26	0.00	0.00	11/27/2017
11/01/2017	STATE SAVE	Payroll Deduction	-1.45	74.11	0.00	0.00	11/01/2017
11/01/2017	PAYROLL	Payroll Transaction	7.23	75.56	0.00	0.00	11/01/2017
10/26/2017	THIRD PARTY	HIGH SCHOOL TRANSCRIPT	-5.00	68.33	0.00	0.00	10/26/2017
10/05/2017	STATE SAVE	Payroll Deduction	-1.45	73.33	0.00	0.00	10/05/2017
10/05/2017	PAYROLL	Payroll Transaction	7.23	74.78	0.00	0.00	10/05/2017
09/28/2017	DEPMO	17634094580 BOB MORSE	60.00	67.55	0.00	0.00	09/28/2017
09/19/2017	<MEDICAL>	1 NURSE VISIT 9/11/17	-2.00	7.55	0.00	0.00	09/19/2017
09/19/2017	MEDICAL	1 NURSE VISIT 9/11/17	2.00	9.55	2.00	0.00	09/19/2017
09/18/2017	EPR	OID:101015382-ComisaryPurc	-3.93	9.55	0.00	0.00	09/18/2017
09/07/2017	<MEDICAL>	1 NURSE VISIT 8/29/17	-2.00	13.48	0.00	0.00	09/07/2017
09/07/2017	MEDICAL	1 NURSE VISIT 8/29/17	2.00	15.48	2.00	0.00	09/07/2017
09/07/2017	<MEDICAL>	1 NURSE VISIT 8/22/17	-2.00	15.48	0.00	0.00	09/07/2017
09/07/2017	MEDICAL	1 NURSE VISIT 8/22/17	2.00	17.48	2.00	0.00	09/07/2017
09/01/2017	STATE SAVE	Payroll Deduction	-1.45	17.48	0.00	0.00	09/01/2017
09/01/2017	PAYROLL	Payroll Transaction	7.23	18.93	0.00	0.00	09/01/2017
08/16/2017	<MEDICAL>	1 RX 7/27/17	-2.00	11.70	0.00	0.00	08/16/2017
08/16/2017	MEDICAL	1 RX 7/27/17	2.00	13.70	2.00	0.00	08/16/2017
07/17/2017	DEPMO	013503080 DOC FUNDS	13.70	13.70	0.00	0.00	07/17/2017

GEO LAWTON

Resident Account Summary

Thursday, December 14, 2017 @11:42

For DOC: 640457 CLARK, DAVID GEORGE

Date	Transaction	Description	Amount	Balance	Owed	Held	Reference
12/05/2017	EPR	OID:101030728-ComisaryPur	-37.25	0.55	0.00	0.00	12/05/2017
12/01/2017	STATE SAVE	Payroll Deduction	-1.45	37.80	0.00	0.00	12/01/2017
12/01/2017	PAYROLL	Payroll Transaction	7.23	39.25	0.00	0.00	12/01/2017
12/01/2017	THIRD PARTY	CHRISTMAS BOOK SOFTCOVER	-14.24	32.02	0.00	0.00	12/01/2017
11/27/2017	EPR	OID:101029206-ComisaryPur	-27.85	46.26	0.00	0.00	11/27/2017
11/01/2017	STATE SAVE	Payroll Deduction	-1.45	74.11	0.00	0.00	11/01/2017
11/01/2017	PAYROLL	Payroll Transaction	7.23	75.56	0.00	0.00	11/01/2017
10/26/2017	THIRD PARTY	HIGH SCHOOL TRANSCRIPT	-5.00	68.33	0.00	0.00	10/26/2017
10/05/2017	STATE SAVE	Payroll Deduction	-1.45	73.33	0.00	0.00	10/05/2017
10/05/2017	PAYROLL	Payroll Transaction	7.23	74.78	0.00	0.00	10/05/2017
09/28/2017	DEPMO	17634094580 BOB MORSE	60.00	67.55	0.00	0.00	09/28/2017
09/19/2017	<MEDICAL>	1 NURSE VISIT 9/11/17	-2.00	7.55	0.00	0.00	09/19/2017
09/19/2017	MEDICAL	1 NURSE VISIT 9/11/17	2.00	9.55	2.00	0.00	09/19/2017
09/18/2017	EPR	OID:101015382-ComisaryPur	-3.93	9.55	0.00	0.00	09/18/2017
09/07/2017	<MEDICAL>	1 NURSE VISIT 8/29/17	-2.00	13.48	0.00	0.00	09/07/2017
09/07/2017	MEDICAL	1 NURSE VISIT 8/29/17	2.00	15.48	2.00	0.00	09/07/2017
09/07/2017	<MEDICAL>	1 NURSE VISIT 8/22/17	-2.00	15.48	0.00	0.00	09/07/2017
09/07/2017	MEDICAL	1 NURSE VISIT 8/22/17	2.00	17.48	2.00	0.00	09/07/2017
09/01/2017	STATE SAVE	Payroll Deduction	-1.45	17.48	0.00	0.00	09/01/2017
09/01/2017	PAYROLL	Payroll Transaction	7.23	18.93	0.00	0.00	09/01/2017
08/16/2017	<MEDICAL>	1 RX 7/27/17	-2.00	11.70	0.00	0.00	08/16/2017
08/16/2017	MEDICAL	1 RX 7/27/17	2.00	13.70	2.00	0.00	08/16/2017
07/17/2017	DEPMO	013503080 DOC FUNDS	13.70	13.70	0.00	0.00	07/17/2017

Time Sheet

For the Month of : October 31, 2017

Current Days Remaining Report for: 640457 CLARK, DAVID G

Case Supervisor: HARDWICK, MICHELL

Housing Unit: LCF-UNIT 6-POD C-CELL 111-LOWER

CRF # 2010-1906 Counts: 1

Effective date	Time Served	Earned	Lost	Other	Month Net	Days Remaining
30 SEP 2017						10085
31 OCT 2017	31	0	0	0	31	10054

Comments: gca

CRF # 2010-1906 Counts: 2

Effective date	Time Served	Earned	Lost	Other	Month Net	Days Remaining
30 SEP 2017						10085
31 OCT 2017	31	0	0	0	31	10054

Comments: gca

CRF # 2010-1906 Counts: 3

Effective date	Time Served	Earned	Lost	Other	Month Net	Days Remaining
30 SEP 2017						6346
31 OCT 2017	31	22	0	15	68	6278

Comments: gca

Time Sheet

For the Month of : November 30, 2017

Current Days Remaining Report for: 640457 CLARK, DAVID G

Case Supervisor: HARDWICK, MICHELL

Housing Unit: LCF-UNIT 6-POD C-CELL 111-LOWER

CRF # 2010-1906 Counts: 1

Effective date	Time Served	Earned	Lost	Other	Month Net	Days Remaining
31 OCT 2017						10054
30 NOV 2017	30	0	0	0	30	10024

Comments: gca

CRF # 2010-1906 Counts: 2

Effective date	Time Served	Earned	Lost	Other	Month Net	Days Remaining
31 OCT 2017						10054
30 NOV 2017	30	0	0	0	30	10024

Comments: gca

CRF # 2010-1906 Counts: 3

Effective date	Time Served	Earned	Lost	Other	Month Net	Days Remaining
31 OCT 2017						6241
30 NOV 2017	30	33	0	15	78	6163

Comments: gca

Time Sheet

For the Month of : March 31, 2018

Current Days Remaining Report for: 640457 CLARK, DAVID G

Case Supervisor: MICHAUD, ANISSA

Housing Unit: LCF-SHU-POD A-CELL 202-UPPER

CRF # 2010-1906 Counts: 1

Effective date	Time Served	Earned	Lost	Other	Month Net	Days Remaining
28 FEB 2018						9934
31 MAR 2018	31	0	0	0	31	9903
31 Mar 30 Apr 2018						9873

Comments: GCA

CRF # 2010-1906 Counts: 2

Effective date	Time Served	Earned	Lost	Other	Month Net	Days Remaining
28 FEB 2018						9934
31 MAR 2018	31	0	0	0	31	9903
						9873

Comments: GCA

CRF # 2010-1906 Counts: 3

Effective date	Time Served	Earned	Lost	Other	Month Net	Days Remaining
28 FEB 2018						5911
31 MAR 2018	31	44	0	15	90	5821
31 Mar 30 Apr 2018	30	44	0	0	74	5806
						5732

Comments: GCA

Time Sheet

For the Month of : February 28, 2018

Current Days Remaining Report for: 640457 CLARK, DAVID G

Case Supervisor: MICHAUD, ANISSA

Housing Unit: LCF-UNIT 6-POD C-CELL 102-UPPER

CRF # 2010-1906 Counts: 1

Effective date	Time Served	Earned	Lost	Other	Month Net	Days Remaining
31 JAN 2018						9962
28 FEB 2018	28	0	0	0	28	9934

Comments: GCA

CRF # 2010-1906 Counts: 2

Effective date	Time Served	Earned	Lost	Other	Month Net	Days Remaining
31 JAN 2018						9962
28 FEB 2018	28	0	0	0	28	9934

Comments: GCA

CRF # 2010-1906 Counts: 3

Effective date	Time Served	Earned	Lost	Other	Month Net	Days Remaining
31 JAN 2018						5998
28 FEB 2018	28	44	0	15	87	5911

Comments: GCA

Time Sheet

For the Month of : April 30, 2018

Current Days Remaining Report for: 640457 CLARK, DAVID G

Case Supervisor: MICHAUD, ANISSA

Housing Unit: LCF-SHU-POD A-CELL 202-UPPER

CRF # 2010-1906 Counts: 1

Effective date	Time Served	Earned	Lost	Other	Month Net	Days Remaining
31 MAR 2018						9903
30 APR 2018	30	0	0	0	30	9873

Comments:

CRF # 2010-1906 Counts: 2

Effective date	Time Served	Earned	Lost	Other	Month Net	Days Remaining
31 MAR 2018						9903
30 APR 2018	30	0	0	0	30	9873

Comments:

CRF # 2010-1906 Counts: 3

Effective date	Time Served	Earned	Lost	Other	Month Net	Days Remaining
31 MAR 2018						5806
30 APR 2018	30	44	0	0	74	5732

Comments:

Time Sheet

For the Month of : July 31, 2018

Current Days Remaining Report for: 640457 CLARK, DAVID G

Case Supervisor: RODGERS, NORA M

Housing Unit: LCC-6N-Q1-132-TOP

CRF # 2010-1906 Counts: 1

Effective date	Time Served	Earned	Lost	Other	Month Net	Days Remaining
30 JUN 2018						9812
31 JUL 2018	31	0	0	0	31	9781

Comments: GCC

CRF # 2010-1906 Counts: 2

Effective date	Time Served	Earned	Lost	Other	Month Net	Days Remaining
30 JUN 2018						9812
31 JUL 2018	31	0	0	0	31	9781

Comments: GCC

CRF # 2010-1906 Counts: 3

Effective date	Time Served	Earned	Lost	Other	Month Net	Days Remaining
30 JUN 2018						5553
31 JUL 2018	31	44	0	15	90	5463

Comments: GCC

Date Printed: 13 SEP 2018

Oklahoma Department of Corrections

Page: 1

Time Sheet

For the Month of : August 31, 2018

Current Days Remaining Report for: 640457 CLARK, DAVID G

Case Supervisor: RODGERS, NORA M

Housing Unit: LCC-6N-Q1-132-TOP

132

CRF # 2010-1906 Counts: 1

Effective date	Time Served	Earned	Lost	Other	Month Net	Days Remaining
31 JUL 2018						9781
31 AUG 2018	31	0	0	0	31	9750

Comments: GCC

CRF # 2010-1906 Counts: 3

Effective date	Time Served	Earned	Lost	Other	Month Net	Days Remaining
31 JUL 2018						5463
31 AUG 2018	31	44	0	15	90	5373

Comments: GCC

CRF # 2010-1906 Counts: 2

Effective date	Time Served	Earned	Lost	Other	Month Net	Days Remaining
31 JUL 2018						9781
31 AUG 2018	31	0	0	0	31	9750

Comments: GCC

Jan 31
 Feb 31
 Mar 31
 Apr 31
 May 31
 June 31
 July 31
 Aug 31

90
 87
 90
 87
 90
 87
 90
 87

5463
 5373